09650 MARYLAND STATE DEPARTMENT OF HEALTH 09630

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P. G
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 5009 Baltimore St

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (Last) Appleton
4. DATE OF DEATH: (Month) 10 (Day) 30 (Year) 1954
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Mar
8. DATE OF BIRTH 11-17-82
9. AGE last birthday 71 yrs. If under 1 year: Months | Days; If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Police Capt
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Rhode Island
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Wm Appleton
14. MOTHER'S MAIDEN NAME Catherine McCarron
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Gertrude M. Appleton College Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic heart disease — 8 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Acute coronary thrombosis & myocardial infarction — 1 hr.
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-10, 1953, to 10-30, 1954, that I last saw the deceased alive on 10-30, 1954, and that death occurred at 9:10 P.M., from the causes and on the date stated above.

SIGNATURE: K W Sauer (Degree or title) M.D. ADDRESS Hyattsville, Md. DATE SIGNED 10-30-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11/3/54 | NAME OF CEMETERY OR CREMATORY Ft Lincoln | LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REG. 11/2/54 | REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F Cooke Sons ADDRESS Hyattsville Md

RECEIVED
NOV 4 1954
BUREAU V. S.

09631

MARYLAND 09651

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 239

M

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel 41
LENGTH OF STAY (In this place) 13 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 329 Laurel Ave X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel 41
STREET ADDRESS (If rural, give location) 329 Laurel Ave.

3. NAME OF DECEASED (Type or Print) (First) Della (Middle) (Last) Armstrong

4. DATE OF DEATH (Month) October (Day) 11 (Year) 1954

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH Dec 9 1865

9. AGE Last birthday 88 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housemaid

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mordecai Stewart

14. MOTHER'S MAIDEN NAME Elizabeth Hamill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. W. L. Armstrong, Laurel, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 6 mo

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension — 10 yr.

(c) Generalized Arteriosclerosis — 15 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/9, 1941, to 10/11, 1954, that I last saw the deceased alive on 10/11, 1954, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. W. McWarren M.D. ADDRESS Laurel DATE SIGNED 10/11/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Oct. 13 1954 — NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery — LOCATION (City, town, or county) (State) Laurel, Maryland

DATE REC'D BY LOCAL REG. Oct 13-54 — REGISTRAR'S SIGNATURE M. Bradshaw

24. FUNERAL DIRECTOR Dell H. Donaldson ADDRESS Laurel, Md

MARGIN RESERVED FOR BINDING

I

RECEIVED
OCT 15 1954
BUREAU V. S.

09634 9632

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

3859 (M)

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville 15 | LENGTH OF STAY (in this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10321-Powder Mill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville 15
STREET ADDRESS (If rural, give location) 10321 Powder Mill Rd.

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) E. (Last) Barrett
4. DATE OF DEATH (Month) 10 (Day) 12 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 30, 1877
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Truck farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: Jemina
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Wife - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary embolism
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Coronary thrombosis
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 10-13-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 10-15-54 | NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery | LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 10-13-54 | REGISTRAR'S SIGNATURE James Peavey | 24. FUNERAL DIRECTOR ADDRESS Takoma Funeral Home Takoma Park, Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

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OCT 15 1954
BUREAU V. S.

09704 09633

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 6340 Central Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Seat Pleasant; STREET ADDRESS 6340 Central (Rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Clifford (Middle) Henry (Last) Best

4. DATE OF DEATH (Month) 10 (Day) 27 (Year) 1954

5. SEX: Male; 6. COLOR OR RACE: White; 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed; 8. DATE OF BIRTH: 15 Oct 1884; 9. AGE last birthday: 70 yrs.; IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired Plumber; 10b. KIND OF BUSINESS OR INDUSTRY:; 11. BIRTHPLACE (State or foreign country): Washington, D.C.; 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Malon H. Best; 14. MOTHER'S MAIDEN NAME: Fredricka Shepp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service); 16. SOCIAL SECURITY No.: Unk.; 17. INFORMANT & ADDRESS: Dorothy Best 1320 Dale Dr. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Mesenteric thrombosis

DUE TO

(c) Cardiovascular renal disease

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:; 19b. MAJOR FINDING OF OPERATION:; 20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.; 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY; 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.; 21e. INJURY OCCURRED While at work ☐ Not while at work ☐; 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 10/27/54

23. BURIAL, CREMATION, REMOVAL (Specify): Memorial; DATE THEREOF 10-27-54; NAME OF CEMETERY OR CREMATORY 5732 Ga. Ave N.W.; LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. Oct. 27, 1954; REGISTRAR'S SIGNATURE Carrie F. Campbell; 24. FUNERAL DIRECTOR W.C. Huntemann Inc; ADDRESS 5732 Ga Ave. Washington D.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

RECEIVED
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BUREAU V. S.

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MARYLAND 09652

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale 25
LENGTH OF STAY (In this place) 3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial Hosp 20

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY PG
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park 14
STREET ADDRESS (If rural, give location) 5022 Guilford St.

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) (Last) Beveridge

4. DATE OF DEATH (Month) Oct (Day) 30 (Year) 1954

5. SEX F 1

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Apr 17, 1884

9. AGE last birthday 70 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (State or foreign country) Glasgow Scotland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Bennie

14. MOTHER'S MAIDEN NAME Annie Werr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No 3

16. SOCIAL SECURITY NO. 215-09-1342

17. INFORMANT AND ADDRESS 5022 Guilford St Andrew Beveridge - College Park

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X **Immediate cause** (a) Cerebral Hemorrhage — Interval between onset and death: 4 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 49 to Oct 30, 19 54, that I last saw the deceased alive on Oct 30, 19 54, and that death occurred at 3 9 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L W Mahon MD ADDRESS Riverdale, md DATE SIGNED 10-30-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE Nov 1. 1954 NAME OF CEMETERY OR CREMATORY St Johns Cemetery LOCATION (City, town, or county) Bellaville (State) Md

DATE REC'D BY LOCAL REG. Oct 31, 1954 REGISTRAR'S SIGNATURE James Devery

24. FUNERAL DIRECTOR F Gaschs Sons ADDRESS Hyattsville, Md

MARGIN RESERVED FOR BINDING

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NOV 1 1954
BUREAU V. S.

09635

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09653 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Maryland; LENGTH OF STAY (in this place) 9 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Capitol Heights, Md; STREET ADDRESS (If rural give location) 423 - 49th Avenue

3. NAME OF DECEASED: (Type or Print) (First) Louisa (Middle) C. (TENNISON) (Last) Bramell

4. DATE OF DEATH: (Month) Oct. (Day) 22, (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: July 4, 1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): St. Mary's Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Simon Jennyson

14. MOTHER'S MAIDEN NAME: Cecelia Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Agnes Heffron, 121 11th St S.E Washington, D.C

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Generalized Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Gangrene of Small Bowel — 9 days

(C) DUE TO Incarcerated Abdominal Hernia — ??

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Oct. 13, 1954

19B. MAJOR FINDINGS OF OPERATION: Incarcerated + Gangrenous Small Intestine

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 13, 1954, to Oct. 22, 1954, that I last saw the deceased alive on . . , 19 . . , and that death occurred at 10:15 AM, from the causes and on the date stated above.

SIGNATURE Louis H. Jarrell M.D. ADDRESS 4107 Ga. Ave. Wheaton, Md. DATE SIGNED 10-22-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 10-26-54 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR: 10/24/54 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR ADDRESS: W. W. Chambers, Co. Washington, D.C

OCT 27 1954

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

09636

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09654 CERTIFICATE OF DEATH Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly; LENGTH OF STAY (in this place) 8 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Geo. General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~Cheverly~~ HYATTSVILLE; STREET ADDRESS (If rural give location) 4105 Nicholson St.

3. NAME OF DECEASED: (Type or Print) (First) FRANCES (Middle) ELIZABETH (Last) BRENNEIS

4. DATE OF DEATH: (Month) Oct. (Day) 20 (Year) 1954

5. SEX: Female; 6. COLOR OR RACE: White; 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married; 8. DATE OF BIRTH: 10-12-89; 9. AGE last birthday 65 yrs; IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE; 10B. KIND OF BUSINESS OR INDUSTRY: AT HOME; 11. BIRTHPLACE (State or foreign country): BROOKLYN, N.Y.; 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: PAUL GLAZIK; 14. MOTHER'S MAIDEN NAME: FRANCES GARSCH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service) None; 16. SOCIAL SECURITY NO. None; 17. INFORMANT & ADDRESS: JOSEPH G. BRENNEIS - 4105 NICHOLSON ST. HYATTSVILLE MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO: Hypertension Heart Disease — 15 years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: ; 19B. MAJOR FINDINGS OF OPERATION ; 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER); 21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc.); 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.; 21E INJURY OCCURRED While at work ☐ Not while at work ☐; 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-12-54, 19.., to 10-20, 1954, that I last saw the deceased alive on 10-20-54 19..., and that death occurred at 12 A M, from the causes and on the date stated above.

SIGNATURE John P. Clum M. D. ADDRESS Hyattsville Md DATE SIGNED 10-20-54

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 10/25/1954; NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery; LOCATION (City, town, or county) (State) Brooklyn N.Y.

DATE REC'D BY LOCAL REGISTRAR 10/21/54; REGISTRAR'S SIGNATURE Amanda Downey; 24. FUNERAL DIRECTOR & ADDRESS W. W. CHAMBERS Co - Riverdale Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09637

09655 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

1. PLACE OF DEATH.
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (In this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospl

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural, give location) 4004-36th St. apt 303,

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) C (Last) Burkhart
4. DATE OF DEATH: (Month) 10 (Day) 23 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): S
8. DATE OF BIRTH: 8-2-74
9. AGE last birthday: 80 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). None
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William F. Burkhart
14. MOTHER'S MAIDEN NAME: Caroline B. Stump

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ?
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Harold B. Haas 4004-36th St. apt #303 Mt. Rainier, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Left sided Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (B) DUE TO Cerebral Arteriosclerosis — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) Natural
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct 21, 1954, to Oct 23, 1954, that I last saw the deceased alive on Oct. 23, 1954, and that death occurred at 6:25 P.M., from the causes and on the date stated above.

SIGNATURE Paul E. Van Natta M.D. ADDRESS Washington 18 DC DATE SIGNED Oct 24

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 10/25/54
NAME OF CEMETERY OR CREMATORY —
LOCATION (City, town, or county) (State) Reading, Pa.

DATE REC'D BY LOCAL REGISTRAR 10/24/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Nalley's Funeral Home, Inc. ADDRESS 3200-R. I. Ave. Mt. Rainier, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

OCT 27 1971

09656 MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

Item 8, Film G171 10-11-54 cc

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edmonston
STREET ADDRESS (If rural, give location) 4905 - 47th Ave

3. NAME OF DECEASED (Type or Print): (First) ANDREW (Middle) MITCHELL (Last) CANTER

4. DATE OF DEATH: (Month) Oct (Day) 2 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 8/20/1873

9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U. S. A

13. FATHER'S NAME: Elzear Canter

14. MOTHER'S MAIDEN NAME: Jane La Marr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Hospital Records Cheverly, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Accident — Interval Between Onset and Death:

Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis of Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1954, to Oct 2, 1954, that I last saw the deceased alive on Oct 2, 1954, and that death occurred at 8 A.M. P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) MD — ADDRESS — DATE SIGNED 10/4/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 10/7/54 — NAME OF CEMETERY OR CREMATORY: Hughesville Cemetery — LOCATION (City, town or county) (State): Hughesville, Md

DATE REC'D BY LOCAL REG. Oct 4, 1954 — REGISTRAR'S SIGNATURE Commander in Charge

24. FUNERAL DIRECTOR — ADDRESS: T. Tasch's Sons Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19639

09657 CERTIFICATE OF DEATH Reg. Dist. No. .. ..

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 11 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Croom
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Andrew (Middle) S (Last) Chase

4. DATE OF DEATH. (Month) Oct. (Day) 16 (Year) 1954

5. SEX: M

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower

8. DATE OF BIRTH: -1895

9. AGE last birthday 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10B. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Charles Co

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Andrew L Chase

14. MOTHER'S MAIDEN NAME: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mayola Chase, Croom Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Meningitis (Infection) — 6 Weeks

(B) ANTECEDENT CAUSE (S): DUE TO: Pulmonary Tuberculosis — 2 Yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(C) DUE TO: —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pneumonia (aspiration) — 3 days

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Natural Causes

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct 1, 1954, to Oct 16, 1954, that I last saw the deceased alive on Oct 15, 1954, and that death occurred at 12:10 P. M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Washington DC DATE SIGNED 10/17/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Oct 1954 — NAME OF CEMETERY OR CREMATORY Mt [redacted] Cem — LOCATION (City, town, or county) (State) Upper Marlboro, Md

DATE REC'D BY LOCAL REGISTRAR Oct. 17, 1954 — REGISTRAR'S SIGNATURE Mrs. Jos Severn — 24 FUNERAL DIRECTOR Hunt & Ryon — ADDRESS Waldorf Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

OCT 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1964)

09635 **CERTIFICATE OF DEATH** Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville Md.
LENGTH OF STAY (in this place) 1 Month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2209 Guilford Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HYATTSVILLE
STREET ADDRESS (If rural give location) 2209 - Guilford Road

3. NAME OF DECEASED: (Type or Print) (First) HAMILTON (Middle) F (Last) CLIPPER

4. DATE OF DEATH: (Month) Oct. (Day) 24 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: Sept. 19, 1892

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PRESSMAN

10B. KIND OF BUSINESS OR INDUSTRY: U.S. Gov't.

11. BIRTHPLACE (State or foreign country): WASHINGTON D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis CLIPPER

14. MOTHER'S MAIDEN NAME: JANE LAUGHLIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: MRS MAY L CLIPPER

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1991

IMMEDIATE CAUSE (A) CARCINOMA (EPIDERMOID) OF LEFT NECK. — 9 MOS.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. (PRIMARY SITE OF TUMOR UNDETERMINED)

19A. DATE OF OPERATION: 24 AUGUST 1954

19B. MAJOR FINDINGS OF OPERATION: METASTATIC CARCINOMA GLANDS OF LEFT NECK

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 July, 1954, to 24 Oct., 1954, that I last saw the deceased alive on 19 Oct, 1954, and that death occurred at 4:10 P M, from the causes and on the date stated above.

SIGNATURE Francis D. Travers M.D. ADDRESS 1120 16th St. N.W. DATE SIGNED 24 Oct 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Oct. 27. 1954 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) (State) Suitland Md

DATE REC'D BY LOCAL REGISTRAR Oct 24 1954 — REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Registrar — 24. FUNERAL DIRECTOR The S. H. Hines Co. — ADDRESS 2901 - 14th St. N.W. Washington, D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09641

09658

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince George MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chenoly 28; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Scaggsville; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Katherine (Middle) Bell (Last) Coon

4. DATE OF DEATH: (Month) Oct (Day) 2 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec 7 1902

9. AGE last birthday: 51 yrs; IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Wesley Stacy

14. MOTHER'S MAIDEN NAME: Amelia Wescott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: James Coon Scaggsville, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs

ANTECEDENT CAUSE (S) DUE TO (B) Hypertensive Heart dis 17 yr

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST DUE TO (C) Hypertension 8 yr

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/14, 1953, to 10/2, 1954, that I last saw the deceased alive on 10/2, 1954 and that death occurred at 7 M, from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS 314 Compton DATE SIGNED 10/4/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF Oct 4, 1954; NAME OF CEMETERY OR CREMATORY Emmanuel Cemetery; LOCATION (City, town, or county) (State) Scaggsville Md

DATE REC'D BY LOCAL REGISTRAR Oct 4 - 1954; REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR DeWitt Davidson; ADDRESS Laurel Md

U.S. A15—10-53

10/5/54

RECEIVED
OCT 11
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09642

09659 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 8 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Md COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bellaville, Md
STREET ADDRESS (If rural give location) 4706 Selman Rd;

3. NAME OF DECEASED (Type or Print): (First) Julia (Middle) Gillard (Last) Cockeville

4. DATE OF DEATH: (Month) Oct (Day) 2, (Year) 19 54.

5. SEX: Female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed | 8. DATE OF BIRTH: June 19, 1870 | 9. AGE last birthday: 84 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Paul Lockwood
14. MOTHER'S MAIDEN NAME: Jan Boag

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If
(If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital Record - Cheverly, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Edema due to Acute myocardial Decompensation

ANTECEDENT CAUSE (B) DUE TO Chr. Myocarditis arteriosclerotic Auticum

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO General Senile Arteriosclerosis Unknown

INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) None
21C. WHERE DID INJURY OCCUR? (City or town) None (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from Oct 2, 19 54, to Oct 2, 19 54 that I last saw the deceased alive on Oct 2, 19 54, and that death occurred at 11:15 P M, from the causes and on the date stated above.
SIGNATURE M.D. ADDRESS Washington 25 D.C. DATE SIGNED Oct 3, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10/6/54 | NAME OF CEMETERY OR CREMATORY Chestnut Grove | LOCATION (City, town, or county) (State) Herndon, Va.

DATE REC'D BY LOCAL REGISTRAR Oct 4, 1954 | REGISTRAR'S SIGNATURE Howard L. Turney
24. FUNERAL DIRECTOR ADDRESS F Gascho Sons Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

09705 19643

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN University Hills
LENGTH OF STAY (in this place) 2Yrs. 6Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3416 Tulane Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) University Hills (West Hyattsville)
STREET ADDRESS (If rural, give location) 3416 Tulane Drive

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Ellen. (Last) Combs

4. DATE OF DEATH (Month) Oct. (Day) 27 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept. 20, 1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Mo.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Willis Waldren

14. MOTHER'S MAIDEN NAME: Matilda Ferguson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Paul Kennedy Same address as ? (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute congestive heart failure DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Broncho-pneumonia DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebellar Cyst - Brain tumor

19a. DATE OF OPERATION: —

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10-25-54

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation
DATE THEREOF 10/29/54
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) (State) Suitland, Md

DATE REC'D BY LOCAL REG. Oct. 29, 1954
REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Local
24. FUNERAL DIRECTOR F. Cascio sons ADDRESS Hyattsville, Md

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19644

0:660

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Chevrly
LENGTH OF STAY (In this place) 6hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dupont Heights
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Hugh (Middle) (Last) Coppedge

4. DATE OF DEATH: (Month) Oct (Day) 10 (Year) 1954

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: 6-4-1897

9. AGE last birthday 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Landscaper

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ?

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSE (B) DUE TO General Arteriosclerosis — unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

Natural Causes

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1954 to Oct 10 1954 that I last saw the deceased alive on Oct 10, 1954, and that death occurred at 2:35 A M, from the causes and on the date stated above.

SIGNATURE [illegible] M. D. ADDRESS Washington DC DATE SIGNED 10/11/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

DATE THEREOF 10/11/54

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 10/11/54

REGISTRAR'S SIGNATURE Amanda Tourney

24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

RECEIVED
OCT
BUREAU V. S.

09645

MARYLAND 09706

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH
COUNTY PRINCE GEORGE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District Hgts
LENGTH OF STAY (In this place) 16 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6501 WALKER Mill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY PRINCE GEO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District Heights
STREET ADDRESS (If rural, give location) 6501 WALKER Mill Rd.

3. NAME OF DECEASED (Type or Print) (First) MONTGOMERY (Middle) (Last) CORNWELL

4. DATE OF DEATH (Month) OCT. (Day) 9 (Year) 1954

5. SEX MALE

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH JULY 17-91

9. AGE last birthday 63 yrs. If under 1 year: Months, Days. If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRODUCE DEALER

10b. KIND OF BUSINESS OR INDUSTRY PRODUCE

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME WALLACE CORNWELL

14. MOTHER'S MAIDEN NAME SARAH WILLIAMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) NO

16. SOCIAL SECURITY No. NONE

17. INFORMANT AND ADDRESS 508 PERSHING DRIVE FLORENCE FRANKIE SILVER SPRING MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X

Immediate cause (a) Carcinoma of pancreas — Interval Between Onset and Death: 4 months

Antecedent cause (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION June 1954

19b. MAJOR FINDINGS OF OPERATION Carcinoma of pancreas

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14, 1954, to Oct 9, 1954, that I last saw the deceased alive on Oct 7, 1954, and that death occurred at 10:25 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ernst E. Carlsen M.D. ADDRESS 4400 Bowen Rd. SE DATE SIGNED 10/9/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE Oct 12, 1954 NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery LOCATION (City, town, or county) (State) Bladensburg Maryland

DATE REC'D BY LOCAL REG. Oct. 16. 1954 REGISTRAR'S SIGNATURE Carrie J. Campbell

24. FUNERAL DIRECTOR W. W. Chambers ADDRESS G. Wash. D.C.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09646

09661 CERTIFICATE OF DEATH Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kent Village
STREET ADDRESS (If rural give location) 7316 Forest Rd.

3. NAME OF DECEASED: (First) Baby (Middle) Boy (Last) Davis
4. DATE OF DEATH: (Month) Oct. (Day) 24 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —
8. DATE OF BIRTH: 10/23/54
9. AGE last birthday — yrs. IF UNDER 1 YEAR Months — Days 1 IF UNDER 24 HRS. Hours 2 Min. 30m

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Davis
14. MOTHER'S MAIDEN NAME: Barbara Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: mother - as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/23, 1954, to 10/24, 1954, that I last saw the deceased alive on 10/24, 1954, and that death occurred at 8:25 P M, from the causes and on the date stated above.

SIGNATURE William Brannin M.D. ADDRESS 6114 Central Ave Capitol Heights Md DATE SIGNED 10/24/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 10/25/54
NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp
LOCATION (City, town, or county) (State) Cheverly Md

DATE REC'D BY LOCAL REGISTRAR 10/25/54
REGISTRAR'S SIGNATURE Amanda L Feaney
24. FUNERAL DIRECTOR Harry A Pumphrey Jr
ADDRESS Sept

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

2004

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09647

09682 CERTIFICATE OF DEATH Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 114 E St., N.W.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Del Negro
4. DATE OF DEATH: (Month) 10 (Day) 20 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 1/1/62
9. AGE last birthday 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stone Cutter
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Romania
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Tony Del Negro
14. MOTHER'S MAIDEN NAME: Unkown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-05-8393
17. INFORMANT & ADDRESS: Mrs Elvira Del Negro-114 E. N.W.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Thombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Cerebral Arteriosclerosis — 3 years
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic Heart Disease — 6 years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/12, 1954 to 10/20, 1954 that I last saw the deceased alive on 10/20, 1954, and that death occurred at 7:20 PM, from the causes and on the date stated above.
SIGNATURE Herman Dent Owens M.D. ADDRESS M. D. 3503 Bunker Hl. Mt Rainier Md DATE SIGNED 10/20/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10-23-54 — NAME OF CEMETERY OR CREMATORY St. Mary's — LOCATION (City, town, or county) (State) Washington - D.C.
DATE REC'D BY LOCAL REGISTRAR 10/24/54 — REGISTRAR'S SIGNATURE
24 FUNERAL DIRECTOR J. W. Lee & Son — ADDRESS 300-4 St. N.E.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

09648

09663

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
LENGTH OF STAY in this place 43 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3706 Taylor St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood Md
STREET ADDRESS (If rural give location) 3706 - Taylor St

3. NAME OF DECEASED (Type or Print): (First) EDWIN (Middle) AUGUSTUS (Last) Dent

4. DATE OF DEATH: (Month) Oct 31, (Day) (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar 1, 1878
9. AGE last birthday: 76 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Grocer
10b. KIND OF BUSINESS OR INDUSTRY: Salesman
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Theodore Dent
14. MOTHER'S MAIDEN NAME: Elizabeth Clement

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 578-05-6871
17. INFORMANT: Mrs Roberta E. Dent Brentwood Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1534
Immediate cause (a) Carcinomatosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Carcinoma Sigmoid
(c)

INTERVAL BETWEEN ONSET AND DEATH: about 4½ yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Cardio-vascular-Renal dis.

19a. DATE OF OPERATION: July 12, 1950
19b. MAJOR FINDINGS OF OPERATION: Carcinoma Recto-sigmoid
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1954, to Oct. 31, 1954, that I last saw the deceased alive on Oct. 30, 1954, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R. Williams M.D. 35 New York Ave. N.W. D.C. 10/31/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 11/3/54
NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery
LOCATION (City, town, or county) (State): Colmar Manor Md.

DATE REC'D BY LOCAL REG.: 11/2/54
REGISTRAR'S SIGNATURE: ~~Registrar~~ Mrs. Jas. Stone mab
24. FUNERAL DIRECTOR: F. Jacobs Sons
ADDRESS: Hyattsville Md.

09649

09707 MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN P. B. LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route # 301

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Massachusetts COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Southbridge
STREET ADDRESS (If rural, give location) 40 Marcy Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jacques	J. O.	Desrosiers	10	29	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
male	white	Married	8-16-25	29 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sargent	U. S. Army	Southbridge Mass	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jmer J. Desrosiers	Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes		Papers on person

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive heart failure

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James D. Ford	M D	Forestdale Mass	10-29-54

23. CREMATION / BURIAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 30 1954		So Bridge Mass

DATE RECD BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 30 1954	James Devers	Fanneuf Funeral Home	
Filed Nov 1 1954	F. H. Billingsley, Registrar		So Bridge Mass

MARGIN RESERVED FOR BINDING

DO NOT WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer to each question is especially important. Physicians: please write the causes of death clearly and legibly

VS AI'A

09664 09650

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 745

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Howard
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Savage
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) John (Last) Eagan

4. DATE OF DEATH (Month) 10 (Day) 19 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Jan. 13, 1934

9. AGE last birthday: 20 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): App. Pressman

10b. KIND OF BUSINESS OR INDUSTRY: Met. Lith. Co.

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John M. Eagan

14. MOTHER'S MAIDEN NAME: Fredda Greenleaf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 578-42-8774

17. INFORMANT & ADDRESS: Mother. Same as #2.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral compression DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Intra cranial hemorrhage DUE TO (c) Fracture of base of skull

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19a. DATE OF OPERATION: —

19b. MAJOR FINDING OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) Street

21c. (City or town) Riverdale (County) Pr. Geo. (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-18-54 11:55 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Operator or pedestrian Collision with rear of tractor - tanker

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, md) M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 10-19-54

23. BURIAL, CREMATION, REMOVAL (Specify) Transportation

DATE THEREOF 10/20/54

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) Altoona (State) Pa

DATE REC'D BY LOCAL REG. Oct 20 1954

REGISTRAR'S SIGNATURE James Devey

24. FUNERAL DIRECTOR F. Gaeckis Sons

ADDRESS Hyattsville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09708 **CERTIFICATE OF DEATH** 09651

Reg. Dist. No. 245

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY [redacted] (George) MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1202 Lebanon St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS 1202 Lebanon St (If rural give location) S.S.

3. NAME OF DECEASED: (Type or Print) (First) MAX (Middle) EISENBERG (Last)

4. DATE OF DEATH: (Month) Oct (Day) 30 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: 3 | 9. AGE last birthday: 64 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Russia | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abraham Eisenberg | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Melvin G. Pfefferstein 8119-14 Ave. Hyattsville Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Myocardial infarction
ANTECEDENT CAUSE (S) DUE TO (B) Coronary Artery Disease 2 years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1953 to October 1954 that I last saw the deceased alive on Oct 30, 1954 and that death occurred at 00 P M, from the causes and on the date stated above.
SIGNATURE Boris Koblenz M.D. ADDRESS 1202 Lebanon Street DATE SIGNED Oct 30, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Oct. 31/54 | NAME OF CEMETERY OR CREMATORY Ohev Sholom | LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR Oct 21, 1954 | REGISTRAR'S SIGNATURE Mrs. Jos. Devere Deputy Registrar | 24. FUNERAL DIRECTOR B. Danzansky & Son | ADDRESS 3501-14 St. N.W. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09652

09638 **CERTIFICATE OF DEATH** Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Hyattsville
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2506 Kirston Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Hyattsville
STREET ADDRESS (If rural, give location) 2506 Kirston Street

3. NAME OF DECEASED: (First) GORDON (Middle) H (Last) FERRIS

4. DATE OF DEATH: (Month) October (Day) 27th (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Nov. 22nd, 1888	65 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Supervisor (Asst)	Western Union	St. Louis, Mo.	USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	WWI	Unknown	Mrs. Gordon Ferris 2506 Kirston Street West Hyattsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Myocardial infarction	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	coronary occlusion	
	DUE TO (c)	Arterio-sclerotic cardio-vascular disease	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1951, to Oct, 1954, that I last saw the deceased alive on Oct 25th, 1954, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Maurice E. Self M.D. 940 Tuck. Ave. N.E. 10-27-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/30/54	Ft Lincoln	Pr. Geo. Co. Md.

DATE REC'D BY LOCAL REG. Oct 28 1954 — REGISTRAR'S SIGNATURE James Devey

24. FUNERAL DIRECTOR W.W. Chambers Co. — ADDRESS Riverdale, Md.

MARYLAND 09665

1:9653

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 1 day - 16 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 4319 Baltimore Blvd.

3. NAME OF DECEASED (Type or Print) (First) Agnes (Middle) Inez (Last) Fields

4. DATE OF DEATH (Month) Oct. (Day) 26 (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Single

8. DATE OF BIRTH Apr 27, 1884

9. AGE last birthday 70 yrs. If under 1 year: Months 5 Days 29 If under 24 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Lady

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ben Fields

14. MOTHER'S MAIDEN NAME Mary Jane Britt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Hospital Record.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Accident — Interval Between Onset and Death: 4 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — year

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/23 ..., 1954, to 10/26 ., 1954, that I last saw the deceased alive on 10/25 ....., 1954, and that death occurred at 4:07 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Louis Mendel M.D. College Park Md 10/26/54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation DATE Oct. 29" 1954 NAME OF CEMETERY OR CREMATORY Forest Lawn Cemetery LOCATION (City, town, or county) Norfolk (State) Va.

DATE REC'D BY LOCAL REG. Oct. 26 1954 REGISTRAR'S SIGNATURE James Devers

24. FUNERAL DIRECTOR J. H. Hinnis Co ADDRESS 2901 14th St NW

D.C.

MARGIN RESERVED FOR BINDING

09709 MARYLAND STATE DEPARTMENT OF HEALTH 09654

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 142

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH: County: Prince Georges; City or town: Fairmount Heights (If outside city or town limits, write RURAL and give nearest town); How long in above place of death? 32 yrs.; Hospital, institution, or street address where death occurred: 720 - 60" Ave.; How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State: Maryland; County: Prince Georges; City or town: Fairmount Heights (If outside city or town limits, write RURAL and give nearest town); Street No.: 720 - 60" Ave. (If rural, give LOCATION); 2.(a) If veteran, name war:

3.(a) FULL NAME: Louise Fletcher

3.(b) Social Security Number:

4. Sex: Female

5. Color or race: Negro

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.):

8. AGE: Years: 84; Months; Days; If less than one day: hrs. min.

9. Birthplace: Prince Geo. Co. - Md. (Town, county, and state)

10. Usual occupation: none

11. Industry or business:

MOTHER

12. Name: Martha Ann Mitchell

13. Birthplace:

FATHER

14. Maiden name: Robert Fletcher

15. Birthplace:

16. Informant: Mrs. Estelle D. Forgette (Sister) Address: 720 - 60" Ave.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: 10-14-54 (month) (day) (year)

Cemetery or crematory:

Location: Washington D.C.

18. Funeral director: H. S. Washington & Son

Address: 467 N St. N.W. Wash. D.C.

Oct. 14 1954 (Date rec'd by registrar) Carrie F. Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 14, 1954 at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug. 11 1954 to Oct. 14 1954 and that I last saw h[illegible] alive on Oct. 14 1954

Immediate cause of death: Heart Failure — DURATION

Due to:

Due to:

Other conditions: Nephritis - Natural Causes and Mental Depression (Include pregnancy within 3 months of death)

Major findings of operations: Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23 SIGNATURE: Lewis Robinson, MD M. D. or other

Address: 1001 Eastern Ave. N.W. Date signed: 10/14/54

OCT 20 1..4

BUREAU

09637

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09655

CERTIFICATE OF DEATH

Reg. Dist. No. 245

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Prince Georges COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5805 Queens Chapel Road

3. NAME OF DECEASED (Type or Print): (First) Zardee (Middle) M (Last) Gardner

4. DATE OF DEATH: (Month) October (Day) 25 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10/20/76

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David T Bounds.

14. MOTHER'S MAIDEN NAME: Ella A ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: John A Neubech Nat. Press Bldg.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro-Vascular Hemorrhage — Interval Between Onset and Death: 9 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 20, 1954, to Oct 24, 1954, that I last saw the deceased alive on 24 Oct, 1954 and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE: Thomas Fallin (Degree or title) MD ADDRESS 322 H St N.E. DATE SIGNED 10-25-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 10/28/54 | NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery | LOCATION (City, town, or county) Washington (State) DC

DATE REC'D BY LOCAL REG. Oct 26 1954 | REGISTRAR'S SIGNATURE James Devery

24. FUNERAL DIRECTOR Frank Geers Sons Co ADDRESS 3605-14th NW Wash. D.C.

OCT
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09656

09666 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkland; STREET ADDRESS (If rural give location) 225½ - Md. Ave.

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Girl (Last) Dana

4. DATE OF DEATH: (Month) Oct. (Day) 7, (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Oct. 7, 1954

9. AGE last birthday: yrs; IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours 1, Min. 30

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Dana, Paul

14. MOTHER'S MAIDEN NAME: Oliver, Dora

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Spontaneous collapse

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Premature DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/7 1954 to 10/7, 1954 that I last saw the deceased alive on 10/7, 1954 and that death occurred at 7:45 P.M., from the causes and on the date stated above.

SIGNATURE L. C. Thurston M. D. ADDRESS College Park DATE SIGNED 10/7/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation; DATE THEREOF 10/8/54; NAME OF CEMETERY OR CREMATORY Prince Georges Gen. Hosp.; LOCATION (City, town, or county) Cheverly (State) Md.

DATE REC'D BY LOCAL REGISTRAR 11-4-54; REGISTRAR'S SIGNATURE Amanda E. Carney

24. FUNERAL DIRECTOR Harry W. Penn Jr.; ADDRESS Supt.

09657 09657

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) Dec.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Kenilworth - Hyattsville
STREET ADDRESS (If rural, give location) 3021 - Kenilworth Ave -

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Lowdon (Last) Stutt Gilbert

4. DATE OF DEATH (Month) 10 (Day) 30 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED: (Specify) Married

8. DATE OF BIRTH: Aug 30, 1913

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur Howard Gilbert

14. MOTHER'S MAIDEN NAME: Hattie Stutt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. 2

16. SOCIAL SECURITY NO.: 69-94-135

17. INFORMANT & ADDRESS: Hattie Gilbert

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hemorrhage & shock

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Gun shot wound of chest &

DUE TO

(c) abdomen.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home

21c. (City or town) Hyattsville (County) Pr. Geo - (State) Md -

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 10-30-54 8.30 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Shot by revolver held by another person -

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10-31-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11/4/54

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REG. 11/3/54

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Ambrose B Boyd ADDRESS Washington D C

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09658

09710 CERTIFICATE OF DEATH Reg. Dist. No. 141

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY PRINCE GEORGE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): ✓; LENGTH OF STAY (In this place): ; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9002-Defense Highway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Geo.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Lanham; STREET ADDRESS (If rural give location): 9002-Defense Highway

3. NAME OF DECEASED: (First) HERBERT (Middle) F (Last) GRANT

4. DATE OF DEATH: (Month) 10 (Day) 18 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Jan. 22, 1878

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Motorman

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James F. Grant

14. MOTHER'S MAIDEN NAME: Annie Board

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Katherine Parker - Daughter

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

IMMEDIATE CAUSE (A) Duodenum & Cachexia — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Malignancy of Colon, left — 1 yr.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Colon

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home) farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1954 to Oct., 1954, that I last saw the deceased alive on Oct 14, 1954, and that death occurred at 4:30 AM, from the causes and on the date stated above.

SIGNATURE: Gordon W. Kellam M.D. ADDRESS: 6124-41st Ave. Hyatts, Md DATE SIGNED: Oct 12, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial; DATE THEREOF: 10-20-54; NAME OF CEMETERY OR CREMATORY: Glenwood; LOCATION (City, town, or county) (State): Wash., D.C.

DATE REC'D BY LOCAL REGISTRAR: 10/18/54; REGISTRAR'S SIGNATURE: Amanda Downey Asst. Registrar

24. FUNERAL DIRECTOR: J. Wm Lee Sons Co - Wash., D.C. ADDRESS:

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09659

09711 CERTIFICATE OF DEATH Reg. Dist. No. 242

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seat Pleasant
LENGTH OF STAY (in this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural give location) 7005-D- St.

3. NAME OF DECEASED: (Type or Print) (First) Franklin (Middle) B. (Last) Gray Jr.

4. DATE OF DEATH: (Month) Oct (Day) 6 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: July 13, 1896

9. AGE last birthday: 58 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Not if retired): Watch Capitol Police

10B. KIND OF BUSINESS OR INDUSTRY: U.S. Govt

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Franklin B. Gray

14. MOTHER'S MAIDEN NAME: ? ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If Yes, give war or dates of service: yes WW 2

16. SOCIAL SECURITY NO. 241-16-8082

17. INFORMANT & ADDRESS Kenneth Gray 7005-D-St. Seat Pleasant

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Occlusion DUE TO
ANTECEDENT CAUSE (S) (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 5, 1954, to 10-6-54, 19 , that I last saw the deceased alive on Oct 6, 1954, and that death occurred at 3:25 P M, from the causes and on the date stated above.

SIGNATURE Frank D. Inaglia M D. ADDRESS 4400 Bunker Hill Rd NE DATE SIGNED 10-6-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Oct 9 1954
NAME OF CEMETERY OR CREMATORY: Arlington Meth. Cem
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR: Oct 8, 1954
REGISTRAR'S SIGNATURE: Carrie S. Campbell

24. FUNERAL DIRECTOR: S. H. Hines Co ADDRESS: 2801-14th St. N.W. Wash. D. C.

RECEIVED
OCT 11 1954
BUREAU V. S.

09668 09661

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 531

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr. Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Lanham
STREET ADDRESS (If rural, give location) Telegraph Rd & Lanham Severn Rd.

3. NAME OF DECEASED: (First) Lona (Middle) (Last) Gundling Sr
4. DATE OF DEATH (Month) (Day) (Year) 10 - 21 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Aug 20, 1891	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Telegraph Op.
10b. KIND OF BUSINESS OR INDUSTRY: P.R.R.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Gundling
14. MOTHER'S MAIDEN NAME: Mary Eliza Geiger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Raymond Gundling - Seat Pleasant Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO: Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO: Cardiovascular renal disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Arterial hypertension

19a. DATE OF OPERATION: —
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10-20-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/25/54	Fort Lincoln	Colmar Manor Md

DATE REC'D BY LOCAL REG. Oct 25 54
REGISTRAR'S SIGNATURE Wendell Mooney
24. FUNERAL DIRECTOR F. Fisch's Sons ADDRESS Hyattsville Md

03659 09662

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 14y. 6mo. 22dy
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4150 Fineau Ave. N.W.

3. NAME OF DECEASED (Type or Print): (First) FANNIE (Middle) E. (Last) HAHN

4. DATE OF DEATH: (Month) 10 (Day) 3 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 2-3-1873

9. AGE last birthday: 81 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Epstein

14. MOTHER'S MAIDEN NAME: Annie Kohn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. James Andrews 4150 Fineau Ave. Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: Several Years

Antecedent cause(s) (b) Chronic Endocarditis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Renal & Cerebral Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-11-, 1953, to 10-3, 1954, that I last saw the deceased alive on 10-3, 1954, and that death occurred at 2:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James P. Sands, M.D. ADDRESS Laurel Sanitarium Laurel, Md. DATE SIGNED 10-3-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 10-5-54 | NAME OF CEMETERY OR CREMATORY: Unionfield Cem. | LOCATION (City, town, or county) (State): Long Island, N.Y.

DATE REC'D BY LOCAL REG.: Oct 3-1954 | REGISTRAR'S SIGNATURE: M. Beasheare

24. FUNERAL DIRECTOR: Joseph Sueles Sons ADDRESS: 1756 Pa. Ave. N.W.

OCT 5 1934
DUPLICATE U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09663

09712

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1232 - 8'th St., N.W.

3. NAME OF DECEASED: (First) JOSH (Middle) (Last) HALL
4. DATE OF DEATH: (Month) Oct. (Day) 4th (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	Negro	married	5/20/98	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Newton, Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bill Hall
14. MOTHER'S MAIDEN NAME: Dollie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ? (didn't have)
17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 1 months

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: -
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1st, 1954, to Oct 4th, 1954, that I last saw the deceased alive on Oct 4th, 1954, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
David Leo Donovan M.D. Glenn Dale Hospital Glenn Dale, Md. 10/4/54

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF 10.5.54
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 10/5/54
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR John T. Rhines Co.
ADDRESS 3301 Rhode Island Ave Washington D.C.

OCT

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09664

09638 CERTIFICATE OF DEATH Reg. Dist. No. 745

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Hyattsville Md. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyattsville Convalescent Home 3801-42nd ave. Hyattsville Maryland

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington D.C.
STREET ADDRESS (If rural give location) 5610-First St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Mabel (Middle) (None) (Last) Hall

4. DATE OF DEATH: (Month) Oct. (Day) 21 (Year) 1954

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 19, 1888

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country) Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Turner H. Hall Husband

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 1 yr.

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease 4 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 16, 1954, to Oct. 21, 1954, that I last saw the deceased alive on Oct. 20, 1954, and that death occurred at 1:35 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Harold F. McCann ADDRESS 3008-14th N.W. Wash. 9 DC DATE SIGNED 10/21/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 10/25/54 NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cem. LOCATION (City, town, or county) Brentwood (State) Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 27, 1954 REGISTRAR'S SIGNATURE James Cleary

24. FUNERAL DIRECTOR L. D. Simms ADDRESS 2001-14th St. N.W. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09670

CERTIFICATE OF DEATH

09665.

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md. - LENGTH OF STAY (in this place) 1 day 3 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Arden
STREET ADDRESS (If rural give location) Glen Arden Parkway

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Hampton

4. DATE OF DEATH: (Month) Oct. (Day) 18, (Year) 19 54

5. SEX: Female 6. COLOR OR RACE: N- 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): 8. DATE OF BIRTH. Oct. 17, 1954 9. AGE last birthday yrs. IF UNDER 1 YEAR: Months Days 1 IF UNDER 24 HRS.: Hours 3 Min. 25

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hampton, John

14. MOTHER'S MAIDEN NAME: Kenner, Edith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: mother - as above.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

759.3 IMMEDIATE CAUSE (A) Prematurity 1 lbs weight

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Generalized Hypoplasia

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/17/, 1954, to 10/18/, 1954, that I last saw the deceased alive on 10/18/, 1954, and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE [illegible] M. D. ADDRESS College Park DATE SIGNED 10/18/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

DATE THEREOF 10/20/54

NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp

LOCATION (City, town, or county) (State) Cheverly Md

DATE REC'D BY LOCAL REGISTRAR 11/2/54

REGISTRAR'S SIGNATURE Amanda L Denney

24. FUNERAL DIRECTOR Harry O Pearce

ADDRESS Forestville

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09666
09671

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly.
LENGTH OF STAY (in this place) 45 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen' Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural give location) 6209 - 54th Ave

3. NAME OF DECEASED: (First) CHRISTINA (Middle) ANNA (Last) HAWES,
4. DATE OF DEATH: (Month) Oct. (Day) 1 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: July 8th, 1877
9. AGE last birthday 77 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10B. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): NEW YORK
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE SCHNEIDER
14. MOTHER'S MAIDEN NAME: BARBARA SCHMIDT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. 578-10-6145B.
17. INFORMANT & ADDRESS: GEORGE F. HAWES - 6209 - 54th Ave Riverdale Md

IIE MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis Right — INTERVAL BETWEEN ONSET AND DEATH: 29 days

ANTECEDENT CAUSE (B) DUE TO Generalized Arteriosclerosis — 4 years.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Hypostatic Pneumonia. — 4 days.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Myocardial Infarction — 48 days.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19.., to ....., 19 , that I last saw the deceased alive on , 19 , and that death occurred at 6⁰⁰ PM, from the causes and on the date stated above.

SIGNATURE [illegible] M. D. ADDRESS Upper Marlboro Md DATE SIGNED 9-30-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 10/5/1954
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem.
LOCATION (City, town, or county) (State) Colmar Manor, Pr. Geo. Md.

DATE REC'D BY LOCAL REGISTRAR 10/2/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W. W. Cummings Co.
ADDRESS Riverdale, Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

09672

09667 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY in this place D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr. Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Jefferson Heights
STREET ADDRESS (If rural, give location) 6602 - K. Street

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) Lewis (Last) Hearne
4. DATE OF DEATH (Month) (Day) (Year) 10 - 28 - 1954
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: 6-14-1954
9. AGE last birthday: yrs. 5 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, DC
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Linwood Lewis Hearne
14. MOTHER'S MAIDEN NAME: Mary L. Holmes.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S ADDRESS: Father - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Toxemia
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Broncho pneumonia
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Malony (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10-29-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF 10/29/1954
NAME OF CEMETERY OR CREMATORY 389 Rhode Island Ave
LOCATION (City, town, or county) Washington (State) D.C.
DATE REC'D BY LOCAL REG. 10/29/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Frazier's Funeral Home ADDRESS

IV 04 776

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09668

09713 **CERTIFICATE OF DEATH** Reg. Dist. No. 141

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince George MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Forest Hgts; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Geo. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Heights S. STREET ADDRESS (If rural give location) 303 Sachens Drive

3. NAME OF DECEASED: (Type or Print) First: William Middle: C. Last: Heidenreich

4. DATE OF DEATH: (Month) OCT (Day) 15 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: May 8 1907

9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinest

10B. KIND OF BUSINESS OR INDUSTRY: U.S. Gov.

11. BIRTHPLACE (State or foreign country): Penn.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob M. Heidenrich

14. MOTHER'S MAIDEN NAME: Stella Gallagher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Audrey L. Heidenreich

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Emfolism — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSE (B) DUE TO Coronary Thrombosis — unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO coronary arteriosclerosis — unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension and diabetes — 5 year

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1953, to Oct. 16, 1954, that I last saw the deceased alive on Oct 7, 1954, and that death occurred at 9:45 A.M. from the causes and on the date stated above.

SIGNATURE A. Hadley — ADDRESS M. D. 1252-6th St. N. W. D.C. — DATE SIGNED Oct 15 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 10-19-54 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln — LOCATION (City, town, or county) (State): Colmar Manor, Md

DATE RECD BY LOCAL REGISTRAR: Oct. 16. 54 — REGISTRAR'S SIGNATURE: Carrie F. Campbell.

24. FUNERAL DIRECTOR: J. William Lee's Sons Co. — ADDRESS

09714 09669

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Prince Geo MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kentland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kentland
STREET ADDRESS (If rural, give location) 7622 Brady Rd

3. NAME OF DECEASED (Type or Print) (First) CLAUDE (Middle) H. (Last) Hill

4. DATE OF DEATH (Month) Oct (Day) 17 (Year) 1954

5. SEX Male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Aug 2 1883

9. AGE last birthday 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Gov. Employee

11. BIRTHPLACE (State or foreign country) Wash D C

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Hill

14. MOTHER'S MAIDEN NAME Mary F. ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Claude H. Hill Kentland Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma Stomach — 2 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary metastasis — 1 year

(c) Secondary Anemia — 1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION no

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Oct 17, 1954, that I last saw the deceased alive on Oct. 16, 1954, and that death occurred at 7 35 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dayton O Watkins MD 8350 Annapolis Rd, Bladensburg md

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 10-19-54 | NAME OF CEMETERY OR CREMATORY Rock Creek | LOCATION (City, town, or county) (State) Wash D C

DATE REC'D BY LOCAL REG. 10/17/54 | REGISTRAR'S SIGNATURE Linnie Downey

24. FUNERAL DIRECTOR ADDRESS 1st Fineral Home 4812 Fe Ave Wash D C

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09671

CERTIFICATE OF DEATH

Reg. Dist. No. 2345

09639

1. PLACE OF DEATH: Mrs Betts Nursing Home
COUNTY Prince Georgis MARYLAND Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Hyattsville LENGTH OF STAY (In this place) 8 mos 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6403 Agw Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2830 - 16th N.W.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
BRETT	TENNYSON	HIMES	Oct. 22 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	S	JUNE 20, 53	16 Mos 2 Days yrs.	16	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
		Washington D.C.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
JACK VINNEDGE HIMES	CHRISTINE TENNYSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:
1		Jack Vinnedge Himes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hydrocephalus	about 1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from May, 19 54, to Oct, 19 54, that I last saw the deceased alive on Oct 17, 19 54, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
Herbert L. Pilick, M.D. F.A.A.P.	830 Piney Br. Rd - Silver Spring Md	

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-23-54	Fort Lincoln Cem	College Station Dist

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 22 1954	James Peery	Gebhart & Kincaid	2525 Bladensburg Rd

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

09715

09672

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (In this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sheriff Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) Sheriff Road

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Beulah	Alice	Hodges	10 - 28 - 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	Colored	Married	12-12-1902	51 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Domestic		Washington D.C	U.S.A

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George Morgan	Alice Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	Unk.	Mildred Hicks - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage and shock	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Shot gun wound of head and neck	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
	Home	Hyattsville	Pr. Geo	Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐	Not while at work ☒	21f. HOW DID INJURY OCCUR?
10-28-54 A.M.			Gunshot wound inflicted by husband.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville Md) M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 10-29-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	10-30-54	Stewart Funeral Home	30 - H. St. N. E. Wash. D.C.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-30-54	Amanda Sweeney	Stewart Funeral Home	30 H St. N.E. Washington, D.C.

Connie F. Campbell

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

09716

09673

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 142

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntsville; LENGTH OF STAY (in this place) 5 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Sheriff Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Huntsville; STREET ADDRESS Sheriff Road (If rural, give location)

3. NAME OF DECEASED: (First) Clarence (Middle) Willard (Last) Hodges

4. DATE OF DEATH (Month) (Day) (Year) 10 - 28 - 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3 May 1904

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: ?

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clemmons W. Hodges

14. MOTHER'S MAIDEN NAME: Rafania Chester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 578075050

17. INFORMANT & ADDRESS: Mildred Hicks - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hemorrhage & shock — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Laceration of brain

DUE TO

(c) Shot gun wound of head

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home 21c. (City or town) Huntsville (County) Pr. Geo. (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-28-54 A M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☒ 21f. HOW DID INJURY OCCUR? Self inflicted shot gun wound

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒ Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 10-28-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal DATE THEREOF 10-30-54 NAME OF CEMETERY OR CREMATORY Stewart Funeral Home LOCATION (City, town, or county) (State) 30 H. St. N.E. Wash., D.C.

DATE REC'D BY LOCAL REG. 10-30-54 REGISTRAR'S SIGNATURE Amanda Mooney

24. FUNERAL DIRECTOR Stewart Funeral Home ADDRESS 30 H St N.E. Washington, D.C.

Carrie F. Campbell

MARYLAND 09673

09674

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 6 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6103 Cheverly Circle

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY PRINCE GEORGES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHEVERLY
STREET ADDRESS (If rural, give location) 6103 CHEVERLY CIRCLE

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Percey (Last) Hunt Jr.

4. DATE OF DEATH (Month) 10 (Day) 2 (Year) 1954

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH JAN 7, 1888

9. AGE last birthday 66 yrs. If under 1 year Months. Days. If under 24 hrs Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SIGHTSEEING

10b. KIND OF BUSINESS OR INDUSTRY TRANSPORTATION

11. BIRTHPLACE (State or foreign country) ASBURY PARK, N.J.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME WILLIAM T. HUNT

14. MOTHER'S MAIDEN NAME JANE S. QUACKENBUSH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS 640 RIPLEY ST. RICHARD M. HUNT, ALEXANDRIA, VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of the Lung, advanced — Interval Between Onset and Death: Since 12/53

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 19, 1954, to Oct 25, 1954, that I last saw the deceased alive on 10/25, 1954, and that death occurred at 11:25 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 11/1/54 — NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery — LOCATION (City, town, or county) Prince Georges Co. Md. (State)

DATE REC'D BY LOCAL REG 11/2/54 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR L. H. Hines Co, Washington 9, D.C. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09676

09674

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md.; LENGTH OF STAY (in this place) 1 month; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GLENARDEN; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Baby (Middle) Boy (Last) Jackson

4. DATE OF DEATH: (Month) Oct. (Day) 4, (Year) 1954

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: Sept. 3, 1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months 1; Days; IF UNDER 24 HRS.: Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Jackson

14. MOTHER'S MAIDEN NAME: Mamie Brantley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS. Joseph Jackson Glenarden, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.9

IMMEDIATE CAUSE (A) aspiration of vomitus

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ... 19 , to ., 19 , that I last saw the deceased alive on ... , 19 , and that death occurred at 6:35 P.M., from the causes and on the date stated above.

SIGNATURE T. H. Christensen M. D. ADDRESS College Park DATE SIGNED 10/5/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF 10-5-54 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 10/5/54 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR H. L. Washington & Sons ADDRESS 467 N ST. NW Wash. D.C.

RECEIVED
OCT 11
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

1. PLACE OF DEATH:
COUNTY Pr. Georges. MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 5mm.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Pr. Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN College Park.
STREET ADDRESS (If rural, give location) 5107 - Edgewood Road.

3. NAME OF DECEASED: (Type or Print) (First) Barbara (Middle) Jean (Last) Jackson

4. DATE OF DEATH (Month) 10 (Day) 7 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH: Sept 13, 1954 | 9. AGE last birthday: yrs. | IF UNDER 1 YEAR Months Days 23 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Eugene F. Jackson
14. MOTHER'S MAIDEN NAME: Barbara Sparrough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mother - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
763.0 Immediate cause	(a)	Asphyxia	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Broncho-pneumonia	
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10-8-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 10/9/54
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) Colmar Manor (State) Md.

DATE REC'D BY LOCAL REG. 10/9/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR ADDRESS E. Gaske Sons Hyattsville Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

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09676 Item 7, FilmG172 10-26-54 et

09678

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

I. PLACE OF DEATH:

COUNTY Prince Georges MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale

LENGTH OF STAY (in this place) 5 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Prince Georges

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rogers Heights

STREET ADDRESS (If rural, give location) 5010 Edmonston Rd.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Stanley		Jennes	10	16	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	11-11-94	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Painter	Painting	Russia	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Julian Jennes	Petre Karpaviczuna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No.	578-12-2376	Martha I. Jennes - Roger Hts, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute peritonitis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Rupture of vesicle ulcer -	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville md) M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 10-16-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE (THEREOF)	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/19/54	Cedar Hill Cemetery	Suitland Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 19 1954	Mrs. Jas. Devereux Deputy Local.	Gasche Sons,	Hyattsville, Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09679

09717 **CERTIFICATE OF DEATH** Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Prince Georges MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Glenn Dale (RURAL)

LENGTH OF STAY (in this place) 1 mo., 24 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D.C. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location) 1711 - 17'th St., N.W.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
JOHN	M.	JOHNSON	Oct.	4,	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negro	Married	6/23/1900	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	-	N. Carolina	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Irving Johnson	Ella Lockletter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		579-26-9094	Decedent.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	5 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Aug. 11., 1954., to Oct. 4., 1954., that I last saw the deceased alive on Oct. 4., 1954., and that death occurred at 7.40 P. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Daniel Lee Finucane M.D.		Glenn Dale Hospital Glenn Dale Md.	10/4/54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/8/54		D.C. Morgue, Wash. D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/5/54	[illegible]	Daniel Lee Finucane M.D.	Glenn Dale Md.

OCT

BUREAU V. S

09677 (19680)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 231

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore City
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2132 E. Biddle st

3. NAME OF DECEASED: (Type or Print) (First) EARLEAN (Middle) (Last) JOYNER
4. DATE OF DEATH (Month) 10 (Day) 3 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Aug 10, 1929
9. AGE last birthday: 25 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY: own Home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Willis Lee Jordan
14. MOTHER'S MAIDEN NAME: Grace Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) none
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Grace Jordan Baltimore, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO: Compression of spinal cord at 6th cervical

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO: fracture and dislocation of 6th cervical

(c) vertebrae

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Road
21c. (City or town) Rosamond (County) (State) Md
21d. TIME OF INJURY (Month) 10 (Day) 3 (Year) 54 (Hour) 4 PM
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? Occupant of auto that struck [illegible]

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James D Lloyd M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10-3-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10-6-54
NAME OF CEMETERY OR CREMATORY Mt Calvary Cemetery
LOCATION (City, town, or county) (State) BROOKLINE MD.

DATE REC'D BY LOCAL REG. 10/3/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR C. O. Wilson
ADDRESS 2014 ORLEANS St. Balto. Md

VS. A15A - 5 - 53

09640 09681

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 345

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 2 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8202 - 15th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Pr Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 8202 - 15th Ave

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) Miller (Last) Keech

4. DATE OF DEATH (Month) 10 (Day) 6 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH: 5-21-72

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Rail Road

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stephen Keech

14. MOTHER'S MAIDEN NAME: Elizabeth Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Herbert L. Keech - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒, and find that death resulted from: Natural causes ☒ Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Malone (Hyattsville Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10-6-54

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation

DATE THEREOF 10/7/54

NAME OF CEMETERY OR CREMATORY Altoona

LOCATION (City, town, or county) (State) Pa

DATE REC'D BY LOCAL REG: 10/7/54

REGISTRAR'S SIGNATURE Mrs. Jas. Devere (Deputy Registrar)

24. FUNERAL DIRECTOR Francis Sons Hyattsville Md ADDRESS

VS. A15A - 5 - 53

OCT 11
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09682

09678

CERTIFICATE OF DEATH

Reg. Dist. No. 239

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH: COUNTY Prince George MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel; LENGTH OF STAY (in this place) 3 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 933 Montgomery St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr. George; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel; STREET ADDRESS (If rural give location) 933 Montgomery St

3. NAME OF DECEASED: (Type or Print) (First) Rebecca (Middle) (Last) Keeney

4. DATE OF DEATH: (Month) (Day) (Year) October 15 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: January 24 1870

9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10B. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Richmond Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Poffenberger

14. MOTHER'S MAIDEN NAME: Dorcas Stepp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Charles R. Reely, Laurel, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE: H 4 5 X

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Hypertension & Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Arteriosclerosis - Hypertension — 3 yrs

DUE TO

(C) Myocardial - Cerebral Infarction

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1, 19 5 , to 10/15, 19 5 , that I last saw the deceased alive on 10/1, 19 5 and that death occurred at 11 M, from the causes and on the date stated above.

SIGNATURE: D R Reynard M. D. ADDRESS: Laurel Md DATE SIGNED: 10/17/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: Oct 18, 1954

NAME OF CEMETERY OR CREMATORY: Laurel Park

LOCATION (City, town, or county) (State): Baltimore, Md

DATE REC'D BY LOCAL REGISTRAR: 10-18-54

REGISTRAR'S SIGNATURE: M. Bradbeer

24. FUNERAL DIRECTOR: De Witt Donaldson ADDRESS: Laurel Md

OCT
BUREAU V. S.

09683

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09679 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY PRINCE GEOR. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly 21
LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6204 LOMBARD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHEVERLY,
STREET ADDRESS (If rural give location) 6204 LOMBARD

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) M. (Last) KERLEY

4. DATE OF DEATH: (Month) Oct (Day) 12 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: Nov. 30 1889

9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): NEW Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas LYONS

14. MOTHER'S MAIDEN NAME: Margaret McLean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S ADDRESS: James J. Kerley 6204-Lombard st. Cheverly, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) CEREBRAL HEMORRHAGE — 10 Min

ANTECEDENT CAUSE (B) DUE TO CEREBRO VASCULAR ACCIDENT — 10 Min

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO HYPERTENSION (ESSENTIAL) — 2 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. -

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1952 to Oct, 1954, that I last saw the deceased alive on 10/12 1954 and that death occurred at 1130 A M, from the causes and on the date stated above.

SIGNATURE John Kehoe M D. ADDRESS Cheverly Md DATE SIGNED 10/12/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10/15/54 — NAME OF CEMETERY OR CREMATORY Mt. Olivet — LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 10/14/54 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Malloy's Funeral Home, Inc. ADDRESS 5200-R. I. Ave. Mt. Rainier, Md.

MARYLAND 09718

09684

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 142

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY PRINCE GEORGE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY in this place 2 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8464 Livingston Rd. S.E.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE
COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 2511 Queen Chapel Rd

3. NAME OF DECEASED (Type or Print) (First) ELLA (Middle) (Last) KIDWELL

4. DATE OF DEATH (Month) Oct. (Day) 15 (Year) 1954

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 9/26/69

9. AGE Last birthday 84 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Bennett

14. MOTHER'S MAIDEN NAME Unknown Tolbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Civil

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Edd Tolbert 8464 Livingston Rd. S.E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a). Heart failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b). arteriosclerotic Heart disease

(c). Malnutrition. [senility]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 3, 19.54, to Oct. 15, 19.54, that I last saw the deceased alive on Oct. 14, 19.54, and that death occurred at 7.00 a.m., from the causes and on the date stated above.

SIGNATURE Dr. Etienne Tolbert (Degree or title) M.D. ADDRESS 2 Park Way Dr. Forest Hgts. DATE SIGNED 10/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 10/18/54 — NAME OF CEMETERY OR CREMATORY Fort Lincoln — LOCATION (City, town, or county) Bladensburg — (State) Md.

DATE REC'D BY LOCAL REG. Oct. 16, 54 — REGISTRAR'S SIGNATURE Carrie F. Campbell

24. FUNERAL DIRECTOR W. A. Chambers Co. — ADDRESS 517 11th St. S.E.

09680 09685

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 345

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Wheaton
STREET ADDRESS (If rural, give location) 3504 - Floral Street

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Allen (Last) Kincaid
4. DATE OF DEATH (Month) (Day) (Year) 10 - 23 - 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday: yrs.	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	Sept 24, 1949	5				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jack Richard Kincaid
14. MOTHER'S MAIDEN NAME: Margaret Hale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Father - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Hemorrhage & shock	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cerebral laceration	
DUE TO		
	(c) Fractured skull.	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Street
21c. (City or town) Brookside Manor (County) Pr. Geo. (State) Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 10-23-54 4.50 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Struck by automobile

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10-23-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/27/54	Bethesda	Silver Spring Md

DATE REC'D BY LOCAL REG. 10/25/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Wayne E. Humphrey ADDRESS
10/26/54 Mrs - Jas. Severe Deputy Registrar Silver Spring Md.

VS. A15A - 5 - 53

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cheverly; LENGTH OF STAY (in this place) 24; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Geo.; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cheverly; STREET ADDRESS (If rural, give location) 3015 - Farrel Ave

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HERMAN	DOUGLAS	KOHAKE	10	18	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	4/1/11	43 yrs.				

10a. USUAL OCCUPATION. (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Clerk	U.S. Post office	Mississippi	USA

13. FATHER'S NAME: Herman A. Kohake

14. MOTHER'S MAIDEN NAME: Ida Irene DeSonyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Nadine Louise Kohake Same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral compression DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Intracranial hemorrhage DUE TO (c) Fracture of skull

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
	Home	Cheverly	Pr. Geo.	Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
10-15-54 P M.		Fall down stairs at home

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒ Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville Md) M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 10-18-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	10/18/54		Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
October 18 1954	Amanda Downey	Ellers Funeral Home 3605 - 14th Street N.W. Washington, D.C.	

10/21/54

VS. A15A - 5 - 53

09682

09687

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. — COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1460 Eastern Ave

3. NAME OF DECEASED: (First) Frederick (Middle) (Last) Kutch
4. DATE OF DEATH (Month) 10 (Day) 3 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 11-7-1919
9. AGE last birthday: 34 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Motorcycle repair
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Frederick Kutch
14. MOTHER'S MAIDEN NAME: Edna Matthews
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO.: 218-07-5357
17. INFORMANT & ADDRESS: Sallie Kutch Same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) DUE TO: Hemorrhage & shock.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO: Laceration of brain

(c) Fracture at base of skull

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY race track
21c. (City or town) Vista (County) Pr. Geo. (State) Md
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-3-54-5.55 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Spill during motorcycle race.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10-4-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 10/14/54
NAME OF CEMETERY OR CREMATORY 1722-7th St NW
LOCATION (City, town, or county) Washington (State) DC.

DATE REC'D BY LOCAL REG. 10/4/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W. H. Bacon Funeral Home
ADDRESS 1722-7th St NW Washington D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09688

09719 **CERTIFICATE OF DEATH** Reg. Dist. No. 239

1. PLACE OF DEATH:
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakcrest — LENGTH OF STAY (In this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakcrest
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Walter (Middle) L. (Last) Landon

4. DATE OF DEATH: (Month) October (Day) 21 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	widowed	Nov. 28 1871	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Caretaker	Cemetery	Riverdale, Maryland	USA

13. FATHER'S NAME: James Landon

14. MOTHER'S MAIDEN NAME: Elizabeth Cheney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	—	Mrs. Jessie Miller, Oakcrest, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CONGESTIVE HEART FAILURE	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO UREMIA	
	(c) DUE TO GENERALIZED ARTERIOSCLEROSIS	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE	NONE	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office)	(CITY OR TOWN)	(COUNTY)	(STATE)
NONE	NONE	NONE		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ While not at work ☐	HOW DID INJURY OCCUR?
NONE M.	NONE	NONE

22. I hereby certify that I attended the deceased from 4/1, 1953 to 10/21, 1954, that I last saw the deceased alive on 10/21, 1954, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
K. K. Erickson	Md	Laurel, Maryland	10/22/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/23/54	Ivy Hill Cemetery	Laurel, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 23-54	M. Blackburn	De Witt Donaldson	Laurel, Md

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

09641 09689

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hyattsville
LENGTH OF STAY (In this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5610 Jamestown Rd

3. NAME OF DECEASED: (Type or Print) (First) Phillip (Middle) Green (Last) Lawhon

4. DATE OF DEATH (Month) 10 (Day) 4 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced

8. DATE OF BIRTH: 10-11-98

9. AGE last birthday: 55 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Meat Cutter

10b. KIND OF BUSINESS OR INDUSTRY: Retail Grocery

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oscar A. Lawhon

14. MOTHER'S MAIDEN NAME: Hulda Highmote

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 577-09-4991

17. INFORMANT & ADDRESS: Eddie Starkloff.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intracranial Hemorrhage

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cerebral laceration

DUE TO

(c) Gunshot wound of head

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH:

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home

21c. (City or town) Hyattsville Md (County) Pr. Geo. (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-4-54-4.00 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Self inflicted gunshot wound of head

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville Md) M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10-4-54

23. BURIAL, CREMATION, REMOVAL (Specify) Transportation

DATE THEREOF 10/5/54

NAME OF CEMETERY OR CREMATORY Clearwater

LOCATION (City, town, or county) Florida (State)

DATE REC'D BY LOCAL REG. 10-5-54

REGISTRAR'S SIGNATURE Mrs. Jr. Lawhon for Lawhon

24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09683 (09690)

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly RURAL
LENGTH OF STAY (in this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospl

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P.G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Marlboro.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) A. (Last) Mangum

4. DATE OF DEATH: (Month) 10 (Day) 13 (Year) 1954

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): S | 8. DATE OF BIRTH: 8-20-98 | 9. AGE last birthday 56 yrs | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never "retired"): Tobacco Farmer | 10B. KIND OF BUSINESS OR INDUSTRY: Tenent | 11. BIRTHPLACE (State or foreign country): Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. Mangum | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Mrs. Sadie Chaney 6802 B St., Seat Pleasant, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Acute Congestive Cardiac failure — 1 hr

ANTECEDENT CAUSE (B) DUE TO Chronic Endocarditis and myocarditis — unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO General Arteriosclerosis — unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: none | 19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

Natural Causes

22. I hereby certify that I attended the deceased from Oct 1, 1954, to Oct 13, 1954, that I last saw the deceased alive on Oct 12, 1954, and that death occurred at 9:40 A.M., from the causes and on the date stated above.

SIGNATURE Lee Van Natta M. D. ADDRESS Washington 25 D.C. DATE SIGNED Oct 13/1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10/16/54 | NAME OF CEMETERY OR CREMATORY Rosaryville Catholic | LOCATION (City, town, or county) (State) Rosaryville, Md.

DATE REC'D BY LOCAL REGISTRAR 10/18/54 | REGISTRAR'S SIGNATURE Amanda Denney

24. FUNERAL DIRECTOR ADDRESS Ritchie Bros. Upper Marlboro, Md.

09720

09691

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 142

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Geo's MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Tanneytown Hosp. | LENGTH OF STAY (In this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1109 60th Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Washington, D.C.
STREET ADDRESS (If rural, give location) 3708 Foote St.

3. NAME OF DECEASED: (Type or Print) (First) Denise (Middle) Delores (Last) Martin

4. DATE OF DEATH (Month) Oct (Day) 1 (Year) 54

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: 16 July 1954 | 9. AGE Last Birthday: yrs. 3 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Washington D.C. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Allen Martin | 14. MOTHER'S MAIDEN NAME: Delores J. Dempsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT & ADDRESS: Mother as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO: Asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO: Broncho-pneumonia (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D. | CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ | DATE SIGNED 10-1-54

23. BURIAL, CREMATION, REMOVAL (Specify): Memorial | DATE THEREOF 10/1/54 | NAME OF CEMETERY OR CREMATORY 389 Rhode Island | LOCATION (City, town or county) (State) Washington DC

DATE REC'D BY LOCAL REG. 10-1-54 | REGISTRAR'S SIGNATURE Amanda James / Carrie F. Campbell | 24. FUNERAL DIRECTOR ADDRESS Frazier-Sun Home Washington D.C.

RECEIVED
OCT 8 1954
BUREAU V. S.

MARYLAND 09642

09692

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 2 mo. 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyattsville Convalescent Home 5401-42nd Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 4603 Oliver St.

3. NAME OF (Type or Print) (First) Samuel (Middle) Kirk (Last) Martin

4. DATE OF DEATH (Month) Oct. (Day) 31 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH March 26, 1872

9. AGE Last birthday 82 yrs. If under 1 year Months. Days. If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Superintendent R.F.

10b. KIND OF BUSINESS OR INDUSTRY U.S. Senate

11. BIRTHPLACE (State or foreign country) Seaford Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Dr Hugh Martin

14. MOTHER'S MAIDEN NAME Sarah C. Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Spanish War

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs. Frances G. Martin 4603 Oliver St. Riverdale Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocardial decompensation

Antecedent cause(s) Diabetes Mellitus.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c) Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-4 ., 19 48., to 10-31 ., 19 54., that I last saw the deceased alive on 10-30, 19 54., and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dept. M.D. Hyattsville, Md 10-31-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Nov. 3, 1954

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. Nov. 1, 1954

REGISTRAR'S SIGNATURE James Devers

24. FUNERAL DIRECTOR W.W. Chambers Co

ADDRESS Riverdale Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09693

09684 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (In this place) 27
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt Rainier
STREET ADDRESS (If rural give location) 4011-36th St

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) A. (Last) McMahan
4. DATE OF DEATH: (Month) Oct (Day) 31 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 7-2-1913
9. AGE Last birthday 41 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Roscoe C. McMahon
14. MOTHER'S MAIDEN NAME: Minnie A. Saur
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Leo R. McMahon

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 4 Hours

ANTECEDENT CAUSE (B) DUE TO Adhesions from Surgery

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO for Regional Ileitis — 10 Days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1953, to Oct 31, 1954, that I last saw the deceased alive on Oct 31, 1954, and that death occurred at 6:45 P.M., from the causes and on the date stated above.
SIGNATURE Samuel J. Kluger M.D. ADDRESS Mt Rainier Md DATE SIGNED Oct 31, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11/3/54 — NAME OF CEMETERY OR CREMATORY Fort Lincoln — LOCATION (City, town, or county) (State) Colmar Manor, Md.
DATE REC'D BY LOCAL REGISTRAR 11/1/54 — REGISTRAR'S SIGNATURE Hernando D. Evans
24. FUNERAL DIRECTOR Malloy's Funeral Home, Inc. ADDRESS 3200 Rhode Island Ave. Hyattsville, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

09643

09694

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyattsville Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 3500-14th St. N.W.

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) Genevieve (Last) Mehling

4. DATE OF DEATH (Month) Oct (Day) 31 (Year) 1954

5. SEX F

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH March 17 1874

9. AGE last birthday 80 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (Buyer) Dept. Head

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John B.P. Carpenter

14. MOTHER'S MAIDEN NAME Sarah Carpenter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS JOHN Q. HUNT 3500-14th St. N.W. Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42a Immediate cause (a) Coronary sclerosis — Interval between onset and death: 3 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) generalized atherosclerosis — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 19 48, to 10/30, 19 54, that I last saw the deceased alive on 10/30, 19 54 and that death occurred at 7:25 A m., from the causes and on the date stated above.

SIGNATURE Harold F. McCann (Degree or title) M.D. ADDRESS 3008-14th St. N.W. Wash. D.C. DATE SIGNED 10/31/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Nov. 3, 1954 | NAME OF CEMETERY OR CREMATORY CONGRESSIONAL CEM | LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. Oct. 31, 1954 | REGISTRAR'S SIGNATURE Mrs. Jessie Severeid (Deputy) | 24. FUNERAL DIRECTOR L.H. Heinz Co. | ADDRESS Washington 9, D.C.

MARGIN RESERVED FOR BINDING

09685 09695

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A11A-5-

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Goerge's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Alexandria
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Alexandria Va
STREET ADDRESS (If rural, give location) 909 Prince Street,

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Acree (Last) Miller Jr.

4. DATE OF DEATH (Month) Oct (Day) 16, (Year) 19 54.

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Oct 2, 1890

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Butcher

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Bedford Virginia

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: George A. Miller Sr

14. MOTHER'S MAIDEN NAME: Kella White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. William King Alexandria Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pulmonary edema DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hemorrhage & shock DUE TO (c) Crushed pelvis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Street

21c. (City or town) Glenn Dale (County) Pr. Geo (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-16-54 6:00 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Pt. was a passenger in an auto. in collision with another.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J Maloney (Hyattsville, Md.) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10-17-54

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation

DATE THEREOF 10/17/54

NAME OF CEMETERY OR CREMATORY Bedford

LOCATION (City, town, or county) Virginia. (State)

DATE REC'D BY LOCAL REG. 10/18/54

REGISTRAR'S SIGNATURE Amanda Mooney

24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09696

09686 CERTIFICATE OF DEATH Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY in this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Heights
STREET ADDRESS (If rural, give location) 936 - 63rd Ave

3. NAME OF DECEASED: (Type or Print) (First) Gertrude (Middle) M. (Last) Mitchell

4. DATE OF DEATH: (Month) 10 (Day) 21 (Year) 1954

5. SEX: F | 6. COLOR OR RACE: C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): (M) | 8. DATE OF BIRTH: 7-8-26 | 9. AGE last birthday 28 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ?

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME. ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Lymphosarcoma of bowel c generalized & brst. tissue

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH: 7-9 mos

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION: 3/30/54 - 3/6/54

19B. MAJOR FINDINGS OF OPERATION Malignancy.

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCoccur?

22. I hereby certify that I attended the deceased from 9/22, 1954 to 10/1, 1954, that I last saw the deceased alive on 10/1, 1954, and that death occurred at 10:05 P.M., from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS 5440 Western Ave DATE SIGNED 10/22/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF 10/25/54 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REGISTRAR 10/22/54 REGISTRAR'S SIGNATURE Amanda Abruzzo

24. FUNERAL DIRECTOR Robinson & Co. ADDRESS Wash. D.C.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

09721 **MARYLAND STATE DEPARTMENT OF HEALTH** 9697

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2402

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Suitland
LENGTH OF STAY (in this place): 16 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Pr. Geo's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Suitland, Maryland
STREET ADDRESS (If rural, give location): 4308- Suitland Road S. E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
MELVINA	V.	OWENS	Oct. 23rd. 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	Dec. 16-1868	85 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Forestville, Maryland.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Denison	Sarah F. Fowler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	None	Mrs Edna M. Jenkins (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral accident — Interval between onset and death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart Disease — Interval between onset and death: 7 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9/24, 1945, to 10/23, 1954, that I last saw the deceased alive on 10/20, 1954, and that death occurred at 3-P.M. m., from the causes and on the date stated above.

SIGNATURE: James C. Cawood (Degree or title) M.D. ADDRESS: 2520. Pa. Ave. N.E. Washington D.C. DATE SIGNED: 10-23-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 26th. 54	Cedar Hill Cemetery	Suitland, Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 24-54	Edna F. Collins	Simmons Brothers	1661- Good Hope Rd. S.E. Washington 20, D.C.

09698

MARYLAND 09687

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. .....

M

I

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 4yrs 4mos. 13days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sutherville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) H (Last) PALMER

4. DATE OF DEATH: (Month) 10 (Day) 4 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: 5-3-1864

9. AGE last birthday: 90 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): EXECUTIVE

10b. KIND OF BUSINESS OR INDUSTRY: INSURANCE

11. BIRTHPLACE (State or foreign country): WISCONSIN

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: HENRY L. PALMER

14. MOTHER'S MAIDEN NAME: MARY WAYSE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: HOSPT. REC.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval between onset and death: Several Years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Endocarditis

(c) General + Cerebral Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-21-, 1950, to 10-4-, 1954, that I last saw the deceased alive on 10-3-, 1954, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James P. Sands, M.D. ADDRESS Laurel Sanitarium Laurel, Md. DATE SIGNED 10-4-1954

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE 10-4-1954

NAME OF CEMETERY OR CREMATORY ST. THOMAS

LOCATION (City, town, or county) GARRISON (State) MD

DATE REC'D BY LOCAL REG. 10-5-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS H.W. JENKINS & SONS CO. 4905 York Rd

(0969)

0.7658

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

Items 8,9,F[illegible]172 10-25-5[illegible]

1. PLACE OF DEATH. COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Maryland
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural give location) 7302 - Yale Ave

3. NAME OF DECEASED: (Type or Print) (First) Inez (Middle) (Last) Patton

4. DATE OF DEATH: (Month) Oct. (Day) 9, (Year) 19 54

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, (MARRIED) WIDOWED, DIVORCED. (Specify) married | 8. DATE OF BIRTH 10-19-1892 | 9. AGE last birthday 61 yrs | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maine
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ezekiel Jackson
14. MOTHER'S MAIDEN NAME: Mary smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Hospital Records Cheverly, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

193X

IMMEDIATE CAUSE (A) Glioblastoma of Brain — 2 months +

ANTECEDENT CAUSE (S) DUE TO Cystic Hemorrhagic Tumor

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 10-9-54
19B. MAJOR FINDINGS OF OPERATION: Brain Tumor with Hemorrhage Causing Pressure
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-7, 1954 to 10-9, 1954 that I last saw the deceased alive on 10-9, 1954, and that death occurred at 11:25 PM, from the causes and on the date stated above.
SIGNATURE Wilda B. Mayers M.D. ADDRESS Nat. Kenwood Md DATE SIGNED 10-10-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10/13/54 | NAME OF CEMETERY OR CREMATORY George Washington | LOCATION (City, town, or county) (State) Hyattsville Md

DATE REC'D BY LOCAL REGISTRAR 10/11/54 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR F. Bascelo Sons ADDRESS Hyattsville Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 14 1954
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09700

09644

CERTIFICATE OF DEATH

Reg. Dist. No. 2015

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) N. Hyattsville; LENGTH OF STAY (in this place) 15; HOSPITAL OR INSTITUTION OR STREET ADDRESS 5619 Ager Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) N. Hyattsville; STREET ADDRESS (If rural give location) 5619 Ager Road

3. NAME OF DECEASED: (Type or Print) (First) Van (Middle) A. (Last) Peninger

4. DATE OF DEATH: (Month) (Day) (Year) 10-30th 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Nov. 12, 1869

9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10B. KIND OF BUSINESS OR INDUSTRY: Cabinet Maker

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Peninger

14. MOTHER'S MAIDEN NAME: Eva Elizabeth Misenhammer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 4 yrs

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mary A. Soper 5619 Ager Road N. Hyattsville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Generalized Arteriosclerosis

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Aug 54, to 29 Oct 54, that I last saw the deceased alive on 29 Oct 54, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE Robert C. Hall M.D. ADDRESS 5711 Ager Rd. Hyattsville, Md. DATE SIGNED 11-1-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Buried — DATE THEREOF 10/30/54 — NAME OF CEMETERY OR CREMATORY Newell Cemetery — LOCATION (City, town, or county) Charlotte — (State) N. C.

DATE REC'D BY LOCAL REGISTRAR Oct. 30, 1954 — REGISTRAR'S SIGNATURE Jas. Lorenz

24. FUNERAL DIRECTOR — ADDRESS Ballew Funeral Home, Inc. 3200 R.I. Ave. Mt. Rainier, Md.

09722

09701

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside; LENGTH OF STAY (in this place) 18 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside; STREET ADDRESS (If rural give location) 1102 - 58th Ave

3. NAME OF DECEASED: (First) JOSEPH (Middle) (Last) PETRO

4. DATE OF DEATH: (Month) Oct (Day) 30 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	If UNDER 1 YEAR Months	Days	If UNDER 24 HRS. Hours	Min.
Male	white	WIDOWER	May 4 1881	73 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): MACHINIST

10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD

11. BIRTHPLACE (State or foreign country): SICILY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UGO PETRO

14. MOTHER'S MAIDEN NAME: DOMENICA (last name not known).

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 578-12-5766

17. INFORMANT & ADDRESS: TONY PETRO (SON) 1102 - 58th Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: HYPERTENSIVE Arteriosclerotic cardiovascular renal disease

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) None; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none; (CITY OR TOWN) (COUNTY) (STATE) — —

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July, 1953 to Oct. 30, 1954, that I last saw the deceased alive on Oct 29, 1954, and that death occurred at 8 Ho A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
R. Tenafranca M.D.	8 BARNEY CIRCLE S.E.	Oct 30 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/3/54	St. Mary's Cemetery	Washington D.C.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 31, 54	Carrie J. Campbell	J. William Lee's Son & Nash.	D.C.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09702

09723 CERTIFICATE OF DEATH Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (rural) X
LENGTH OF STAY (in this place) 9 mos., and 26 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 331 10th St., N. E.

3. NAME OF DECEASED: (Type or Print) (First) CLYDE (Middle) L. (Last) PETTIT

4. DATE OF DEATH: (Month) OCT. (Day) 30 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 8/5/1899

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months - Days - IF UNDER 24 HRS. Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Dailey's, Tuxedo, Md. Hoagly, Va.

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George F. Pettit

14. MOTHER'S MAIDEN NAME: Emma Beach Pettit

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Unknown

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 13 mos

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/4 1954, to 10/30, 1954, that I last saw the deceased alive on 10/30, 1954, and that death occurred at 8:35 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Daniel Lee Finucane M.D. Glenn Dale, Md. 10/30/54

23. BURIAL, CREMATION / REMOVAL (Specify): DATE THEREOF 10/31/54 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Washington Co. D. C.

DATE REC'D BY LOCAL REG. 10/31/54 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR William Lee's Sons CC 4th St. & Mass. Ave. N.E. Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09703

09689 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

1. PLACE OF DEATH.
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.G. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Univ. Park.
STREET ADDRESS (If rural give location) 3403 Rosemary Lane

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) May (Last) Poffenburger

4. DATE OF DEATH: (Month) Oct. (Day) 27 (Year) 1954

5. SEX: F | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: 1-31-1909 | 9. AGE last birthday: 45 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telephone Operator.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wash. D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harvey L. Fogle
14. MOTHER'S MAIDEN NAME: Annie Shorb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-24-950
17. INFORMANT & ADDRESS: Margaret E. Moore 5001-Apache St, College Pk., Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Anasarca — ?

ANTECEDENT CAUSE (B) DUE TO Carcinomatosis — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Carcinoma of Rectum — 4 yes.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 25, 1954, to Oct 26, 1954 that I last saw the deceased alive on Oct 26, 1954, and that death occurred at 10:40 A M, from the causes and on the date stated above.
SIGNATURE M. D. ADDRESS Washington 25 DC DATE SIGNED Oct 27, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10/30/54 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) (State) Suitland, Md

DATE REC'D BY LOCAL REGISTRAR 10/28/54 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR W.W. Chambers Co. | ADDRESS Riverdale, Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19704

0.9690

Items 13,14,F11mG1/3,11-3-92

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 1 mo. - 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 2717 Nicholson St.

3. NAME OF DECEASED: (Type or Print) (First) MYRTLE (Middle) (Last) Russell

4. DATE OF DEATH: (Month) Oct. (Day) 16 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH 6-30-91
9. AGE last birthday 62 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK
10B. KIND OF BUSINESS OR INDUSTRY: CITY POST OFFICE WASHINGTON, D.C.
11. BIRTHPLACE (State or foreign country): U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS. Sam Is. Russell - 2717 Nicholson St Hyattsville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) DUE TO	Acute pulmonary edema	3 hr.
ANTECEDENT CAUSE (B) DUE TO	Cardiac decompensation	1 yr.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO	Rheumatic heart disease	10 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-17, 1952 to 10-16, 1954 that I last saw the deceased alive on 10-16, 1954, and that death occurred at 7:10 P.M., from the causes and on the date stated above.
SIGNATURE R. Baner M. D. ADDRESS Hyattsville, Md. DATE SIGNED 10-16-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct. 19 1954
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery
LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REGISTRAR Oct 16 1954
REGISTRAR'S SIGNATURE Amanda Mooney
24. FUNERAL DIRECTOR 2901-11th St. N.W. ADDRESS C. H. Sime Co. Washington 9, D.C.

VS. A15—10-53

10/19/54

09632

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1·9795

Reg. Dist. No. 230

7, Film G173 11-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park Md.
LENGTH OF STAY (In this place) 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9537 Rhode Island avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park Md.
STREET ADDRESS (If rural, give location) 9537 Rhode Island ave,.

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) A. (Last) [illegible]

4. DATE OF DEATH (Month) [illegible] (Day) [illegible] (Year) 19[illegible]

5. SEX [illegible]

6. COLOR OR RACE [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]

8. DATE OF BIRTH Dec 9, 1867

9. AGE last birthday 86 years | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer

10b. KIND OF BUSINESS OR INDUSTRY Self

11. BIRTHPLACE (State or foreign country) West Virginia

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Margaret A Ruleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS B W Ruleman College Park Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis with right hemiplaria — Interval Between Onset and Death [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible]; 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS SCOTT L. [illegible], M. D. DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/30/54	Ottobine Cemetery	Dayton Virginia

DATE REC'D BY LOCAL REG. [illegible]

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville, Maryland.

09724

10753

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheltenham
LENGTH OF STAY (in this place) transmt
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brownis Farm

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Washington COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Wenatchee Route #7
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Barton (Last) Sandberg

4. DATE OF DEATH (Month) (Day) (Year) 10 - 12 - 1954

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4-1-28

9. AGE last birthday: 26 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Pilot

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Air force

11. BIRTHPLACE (State or foreign country): Washington

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Theodore O. Sandberg

14. MOTHER'S MAIDEN NAME: Opal G. -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Air Force Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Hemorrhage & shock	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Multiple crushing injuries of	
	DUE TO (c)	head & body.	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Farm

21c. (City or town) Cheltenham (County) Pr. Geo. (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-12-54 11:20 AM

21e. INJURY OCCURRED While at work ☒ Not while at work ☐

21f. HOW DID INJURY OCCUR? Forced to eject because of failure of aircraft.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10-12-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 10/13/54
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Wenatchee, Wash. (State)

DATE REC'D BY LOCAL REG. 10/12/54
REGISTRAR'S SIGNATURE Anna de Mooney
24. FUNERAL DIRECTOR Rinaldi Funeral Home ADDRESS 816 - H - St. N.E., Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19706

09645 # CERTIFICATE OF DEATH Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Hyattsville
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8010 - 14th Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Hyattsville
STREET ADDRESS (If rural give location) 8010 - 14th Avenue

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) OLIVE BLANCHE SCHMELTZ

4. DATE OF DEATH: (Month) (Day) (Year) October 4 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: March 3, 1885

9. AGE last birthday. IF UNDER 1 YEAR Months IF UNDER 24 HRS Days Hours Min.: 69 yrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10B. KIND OF BUSINESS OR INDUSTRY: U.S. Government

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Andrew H. Stitt

14. MOTHER'S MAIDEN NAME: Mary Ann Householden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 578-26-7752

17. INFORMANT & ADDRESS: Richard Holcer, 10,010 Portland Rd., S.S.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSE (B) DUE TO Coronary Arteriosclerosis, Arteriosclerotic Coronary Artery Disease — 5 yrs +

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO Hypertension, Arteriosclerosis — 5 yrs +

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1954, to Oct. 1954, that I last saw the deceased alive on 4 Oct, 1954, and that death occurred at 10:30 P M, from the causes and on the date stated above.

SIGNATURE James A. Kehoe, M.D. ADDRESS 1801 K St. N.W. DATE SIGNED 5 Oct/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Trans. & Burial

DATE THEREOF 10/6/54

NAME OF CEMETERY OR CREMATORY Union Cemetery

LOCATION (City, town, or county) (State) New Kensington, Pa.

DATE REC'D BY LOCAL REGISTRAR 10-6-1954

REGISTRAR'S SIGNATURE Mrs. Jas. Severel (Deputy)

24. FUNERAL DIRECTOR Warner E. Lumpkins ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
OCT 11 1954
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09707

09691 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Pr. Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and the nearest town) Cheverly
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park Rt 1
STREET ADDRESS (If rural give location) 8700 Balto. Ave.

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) Schneider (Last) —

4. DATE OF DEATH: (Month) Oct. (Day) 28 (Year) 1954

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Divorced | 8. DATE OF BIRTH: 8-21-84 | 9. AGE last birthday 70 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Ohio | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Grimm | 14. MOTHER'S MAIDEN NAME ? Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT & ADDRESS: Hospital records, Cheverly, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Uraemia	2 wks
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Congestive Heart Failure	2 years
	DUE TO (C) Hypertensive Cardiovascular Renal Disease	2 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 20, 1954, to Oct 28, 1954, that I last saw the deceased alive on Oct. 27, 1954, and that death occurred at 12:40 P M, from the causes and on the date stated above.
SIGNATURE David J. Clayman M.D. ADDRESS 631 Balto Ave-Riverdale, Md DATE SIGNED 10/28/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10/30/54 | NAME OF CEMETERY OR CREMATORY Parklawn Cemetery | LOCATION (City, town, or county) (State) Rockville, Md

DATE REC'D BY LOCAL REGISTRAR 10/29/54 | REGISTRAR'S SIGNATURE Amanda [illegible] | 24. FUNERAL DIRECTOR & ADDRESS Gaecha Sons Hyattsville Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09708

09649 # CERTIFICATE OF DEATH Reg. Dist. No. 245

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince George MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Rainier; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 3805-32nd Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier; STREET ADDRESS (If rural give location) 3805-32nd. Street

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) ALBERTA M. SMILEY

4. DATE OF DEATH: (Month) (Day) (Year) October 17 1954

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: March 21, 1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: in own home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John C Sherfey

14. MOTHER'S MAIDEN NAME: Maria T. Stollen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Golden C. Smiley 3805-32nd St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CORONARY Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) CORONARY INSUFFICIENCY — 6 months

DUE TO

(C) ARTERIOSCLEROTIC HEART DISEASE — 1 Year

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 14, 1954 to Oct 17, 1954 that I last saw the deceased alive on Oct 16, 1954, and that death occurred at 1:00 M, from the causes and on the date stated above.

SIGNATURE Eugenia S. Miller M.D. ADDRESS Mt Rainer Md DATE SIGNED Oct 17 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 10/20/54; NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.; LOCATION (City, town, or county) (State) Frederick, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 18 1954; REGISTRAR'S SIGNATURE Mrs Jas Savere Deputy Registrar

24. FUNERAL DIRECTOR Talley's Funeral Home; ADDRESS 3200 R.I. Ave Mt Rainier

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09709

09692

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seat Pl.; LENGTH OF STAY (in this place) 1 yr 2 mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville; STREET ADDRESS (If rural give location) 2720-73rd Pl.

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) White (Last) Smith

4. DATE OF DEATH: (Month) Oct (Day) 30 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: April 22, 1877

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10B. KIND OF BUSINESS OR INDUSTRY: of Voice

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alfred E White

14. MOTHER'S MAIDEN NAME: (Unknown) Slater

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. 525-72-0450

17. INFORMANT & ADDRESS: John A White 2720-73rd Place Landover Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (B) DUE TO Congestive Heart Failure — 6 months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Hypertensive Heart Disease — ??

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-17, 1954, to 10-30, 1954, that I last saw the deceased alive on 10/30, 1954, and that death occurred at 11:34 P.M., from the causes and on the date stated above.

SIGNATURE John Kehoe M.D. ADDRESS Cheverly Md DATE SIGNED 10/31/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 11/1/54; NAME OF CEMETERY OR CREMATORY Sunset Memorial Park; LOCATION (City, town or county) Albuquerque (State) New Mexico

DATE REC'D BY LOCAL REGISTRAR 11/1/54; REGISTRAR'S SIGNATURE Amanda Kinney

24. FUNERAL DIRECTOR W.W. Chambers Co ADDRESS Riverdale Md.

09725 09710

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Pr. George's, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park
LENGTH OF STAY (In this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7702 Colesville Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr. Geo -
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN X University Park
STREET ADDRESS (If rural, give location) 7702 Colesville Rd.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Ann (Last) Sollero

4. DATE OF DEATH (Month) (Day) (Year) 10 - 17 - 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-11-29

9. AGE last birthday: 25 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Gleim

14. MOTHER'S MAIDEN NAME: Mary Cecilia Weber -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Husband - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hemorrhage & shock

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Gunshot wound of chest

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home

21c. (City or town) University Park - (County) Pr. Geo - (State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 10-17-54- A M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? Self inflicted wound of chest -

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒ Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 10-17-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Oct 20, 1954

NAME OF CEMETERY OR CREMATORY Ft Lincoln Cemetery

LOCATION (City, town, or county) Colmar Manor, (State) Md.

DATE REC'D BY LOCAL REG. Oct. 19, 1954

REGISTRAR'S SIGNATURE Mrs Jas Deveree Deputy Reg.

24. FUNERAL DIRECTOR Pascia Sons

ADDRESS Hyattsville, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09711

09726 CERTIFICATE OF DEATH Reg. Dist. No. 142

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside X
LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Hillside
STREET ADDRESS (If rural give location) 1412 - 50th Ave. S.E.

3. NAME OF DECEASED: (Type or Print) (First) RUDOLPH (Middle) JOSEPH (Last) STRAUB
4. DATE OF DEATH: (Month) 10 (Day) 4 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
Male	White	Married	July 22, 1874	80 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired).	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Stampfitter	Contracting	Washington D.C.	U.S.A.

13. FATHER'S NAME: Rudolph Straub
14. MOTHER'S MAIDEN NAME: Annie T. Kennedy

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No None	578-07-0661	Dorothy T. Straub 1412-50th Ave. S.E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (a)	Coronary Thrombosis	2½ weeks
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)	Arteriosclerotic Heart Disease	2-3 years
DUE TO		
(c)		

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-16-, 1954, to 10-4-, 1954, that I last saw the deceased alive on Oct 1., 1954, and that death occurred at 4 a.m. 10-4-54, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
C. J. Purdy, M.D.	1535 Good Hope Rd. S.E. D.C.	10-4-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county) (State)
Burial	10/6/54	National Memorial Pk.	Falls Church Va.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 4-54	Carrie F. Campbell	W. W. Chambers Co.	517 11th St. S.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

REC...
OCT 6 ...
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09712

09693 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arden
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED. (Type or Print) (First) Baby (Middle) Boy (Last) Talbot

4. DATE OF DEATH: (Month) Oct. (Day) 1 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S | 8. DATE OF BIRTH: 1 Oct. 1954 | 9. AGE last birthday yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours 1 Min. 45

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Wesley Johnson
14. MOTHER'S MAIDEN NAME: Annabelle Talbot

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Pulmonary hypoplasia
DUE TO
ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Prematurity
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1954, to Oct 1, 1954 that I last saw the deceased alive on Oct 1, 1954, and that death occurred at 7:10 A.M., from the causes and on the date stated above.
SIGNATURE J. A. Christensen M. D.
ADDRESS College Park
DATE SIGNED 10-8-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 10/28/54
NAME OF CEMETERY OR CREMATORY Prince George's Gen Hosp
LOCATION (City, town, or county) Cheverly (State) Md

DATE REC'D BY LOCAL REGISTRAR 11/2/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W. Penn Jr
ADDRESS Dupont

09727 MARYLAND STATE DEPARTMENT OF HEALTH 19714

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural | LENGTH OF STAY (In this place) 8 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8560 Riverview Rd S.E

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) 6407 Tucker Rd S.E.

3. NAME OF DECEASED (Type or Print) (First) Constance (Middle) Evelyn (Last) Thorne

4. DATE OF DEATH (Month) 10 (Day) -18- (Year) 54

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH 10-22-07 | 9. AGE last birthday 46 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY Housewife | 11. BIRTHPLACE (State or foreign country) Prince George County | 12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME Philip Henry Gates | 14. MOTHER'S MAIDEN NAME Emma Brockner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. | 17. INFORMANT Clarence Gates

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Right Loban Pneumonia — 48 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypernephroma ? Metastises to — 12 months

(c) Right Femur, Pelvis, Spine

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of Right Femur at Site of lesion

19a. DATE OF OPERATION 3-10-54 | 19b. MAJOR FINDINGS OF OPERATION Hypernephroma ? Cystic Formation -- Right Kidney | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1954, to Oct, 1954, that I last saw the deceased alive on Oct 17, 1954, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Anna Coyne Todd M.D. 7519 Broadview Rd S.E. Pr. Geo. Cnty 10/18/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Oct 21-54 | NAME OF CEMETERY OR CREMATORY Providence M.E. Cemetery | LOCATION (City, town, or county) Friendly | (State) Md.

DATE REC'D BY LOCAL REGISTRAR Oct 18-54 | REGISTRAR'S SIGNATURE Edna F. Collins | 24. FUNERAL DIRECTOR Simmons Bros | ADDRESS 1661 Good Hope Rd Wash. D.C. S.E.

VS. A15

09694

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 09715

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY in this place: 10 Yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Pr. Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cedar Heights
STREET ADDRESS (If rural, give location) 6413 J. Street.

3. NAME OF DECEASED: (Type or Print) (First) Wallie (Middle) (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year): 10 - 17 - 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 12-5-1905

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Orderly

10b. KIND OF BUSINESS OR INDUSTRY: Hospital

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Smith

14. MOTHER'S MAIDEN NAME: Fanna J. Bryant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Lonnie Smith - 6409 - J. St. Cedar Heights.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Aortic insufficiency	
	DUE TO (c) Chronic endocarditis	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Mahoney (Hyattsville Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 10-17-54

BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	10-17-54	Washington Funeral Home	467 N. St. N.W. Washington, D.C.

DATE REC'D BY LOCAL REG. 10/18/54

REGISTRAR'S SIGNATURE Amanda Young

24. FUNERAL DIRECTOR ADDRESS Henry J. Washington & Sons 467 N. St. N.W. Washington, D.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

09728

1-9716 230

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville Md
LENGTH OF STAY (in this place) transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cherry Hill Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Washington D. C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington D. C.
STREET ADDRESS (If rural, give location) 1321 Shepherd St N. W.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Henry (Last) Trundle

4. DATE OF DEATH (Month) Oct (Day) 27 (Year) 1954.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	single	Sept 3, 1932	22 years Yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Student	U of Maryland	Washington D. C.	U S A

13. FATHER'S NAME: John Bowles Trundle

14. MOTHER'S MAIDEN NAME: Allene C. Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
yes 1952	577-46 5348	Charles Ellis Washington D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Hemorrhage and shock	
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Laceration of brain	
DUE TO			
	(c)	Gunshot wound of head	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.), INJURY	21c. (City or town) (County) (State)
	Field	Beltsville Prince George's Maryland

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
10/25/54 M.		Shotgun wound of head

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville Md) M. D. CHIEF MEDICAL EXAMINER ☒ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 10-27-54

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Oct 29/54	Cedar Hill	Suitland Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 27, 1954	John D Smith	Brown & Jay	Wash. D.C.
		5406 Silver Hill Rd.	

09633 09717

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park — LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5204 - Kenilworth

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Do Do
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 5204 - Kenilworth

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) ELIEL (Last) Tucker
4. DATE OF DEATH: (Month) Oct (Day) 6 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Apr 2, 1898
9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: SELF-EMPLOYED
11. BIRTHPLACE (State or foreign country): PRINCE BRANDON CO., MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WALTER WILLIAM TUCKER
14. MOTHER'S MAIDEN NAME: MARGARET SUSAN CROSBY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 578-05-0743
17. INFORMANT AND ADDRESS: Edna F. Tucker

18. MEDICAL CERTIFICATION 5204 Kenilworth St. Hyatts

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure — 4 wks

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerotic Heart
(c) Disease with severe decompensation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Natural — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr, 1953, to Oct, 1954, that I last saw the deceased alive on 9-30, 1954, and that death occurred at 4554 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. Etienne M.D. — ADDRESS College Park, Md — DATE SIGNED 10/6/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Oct 8/1954 — NAME OF CEMETERY OR CREMATORY Friendship Meth Ch. Cem. — LOCATION (City, town, or county) Friendship Anne Arundel — (State) Md

DATE REC'D BY LOCAL REG. October 6/54 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR W. W. Chambers Co. — ADDRESS [illegible]

RECEIVED
OCT 8 1954
BUREAU V. S.

09718

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09695

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chillum
LENGTH OF STAY (in this place) 5 Min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5315 Gallatin St.

3. NAME OF DECEASED: (First) William (Middle) ARTHUR (Last) Tucker (Type or Print)

4. DATE OF DEATH: (Month) 10 (Day) 30 (Year) 1954

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W | 8. DATE OF BIRTH: 3-15-71 | 9. AGE last birthday 83 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundry Worker, (Hospital) | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Md | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Tucker | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO | (If Yes, give war or dates of service) None | 16. SOCIAL SECURITY NO. 219-10-8981 | 17. INFORMANT & ADDRESS: Walter C. Tucker - Rogers Heights, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSE (B) DUE TO Cor. Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: Unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Hypertension General Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None of note

19A. DATE OF OPERATION: None | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) Natural Causes M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 15, 1954 to Oct 30, 1954, that I last saw the deceased alive on Oct 30, 1954, and that death occurred at 7 p.m. M, from the causes and on the date stated above.

SIGNATURE Walter Tucker | ADDRESS M. D. 5315 Gallatin St. Hyattsville Md | DATE SIGNED Oct 31, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF NOV 3 1954 | NAME OF CEMETERY OR CREMATORY Fort Lincoln | LOCATION (City, town, or county) (State) Bladensburg, Md.

DATE REC'D BY LOCAL REGISTRAR 11/1/54 | REGISTRAR'S SIGNATURE [illegible] | 24 FUNERAL DIRECTOR W.W. Chambers Co | ADDRESS Riverdale Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09719

09696 CERTIFICATE OF DEATH Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY PRINCE GEO. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BLADENSBURG
LENGTH OF STAY (In this place) 2 WKS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5205 VARNUM ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE WASH. COUNTY D.C —
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BLADENSBURG
STREET ADDRESS (If rural give location) 5705 VARNUM ST.

3. NAME OF DECEASED. (Type or Print) (First) MARY (Middle) FRANCES (Last) TWIFORD

4. DATE OF DEATH: (Month) OCT. (Day) 27 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W

8. DATE OF BIRTH: JUNE 28, 1877

9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HWFE

10B. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): PHILA. PA.

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: ADAM ALEXANDER

14. MOTHER'S MAIDEN NAME: FANNY SCHULTZBOX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT & ADDRESS: MARGARET PATTERSON (DAU) 5705 VARNUM ST.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Diabetes mellitus

ANTECEDENT CAUSE (S) DUE TO (B) Chronic myocarditis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) no

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. no

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1954 to Oct 27, 1954 that I last saw the deceased alive on Oct 26, 1954, and that death occurred at 7:40 a. M, from the causes and on the date stated above.

SIGNATURE E. K. Bonnie M. D. ADDRESS 301 Consultation Bldg DATE SIGNED 10/27/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF OCT 30, 1954

NAME OF CEMETERY OR CREMATORY GLENWOOD CEM.

LOCATION (City, town, or county) WASHINGTON (State) D.C

DATE REC'D BY LOCAL REGISTRAR 10/27/54

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR J. W. Lee's Sons Co. ADDRESS Wash DC

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

09729

09720

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 4

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Moores Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Clinton
STREET ADDRESS (If rural, give location) Moores Lane

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) W. (Last) Vaughn 3rd

4. DATE OF DEATH (Month) 10 (Day) 12 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 8-27-52

9. AGE last birthday: 2 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.G.

13. FATHER'S NAME: John W. Vaughn, Jr.

14. MOTHER'S MAIDEN NAME: Dorothy Louise Walter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mary E. Walter - Rt. 1 - Clinton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Shock

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) 4th degree burns of entire body

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home

21c. (City or town) Clinton - Pr. Geo. (County) (State) Maryland

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 10-12-54 11.30 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? Conflagration due to airplane crash

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10-12-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Oct. 14-54

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REG. 10/15/54

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Carrie Hamptell Jr. Simmons Bros.

ADDRESS 1661 Good Hope Rd. S.E. Wash. D.C.

VS. A15A - 5 - 53

09730

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 09721

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. [redacted]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Clinton
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Moores Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Pr. Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Clinton
STREET ADDRESS (If rural, give location) Moores Lane

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) Gma (Last) Vaughn

4. DATE OF DEATH (Month) 10 (Day) 12 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 2-21-50
9. AGE last birthday: 4 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Vaughn, Jr.
14. MOTHER'S MAIDEN NAME: Dorothy Louise Walter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mary E. Walter - Rt 1 - Clinton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Shock — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) 4th degree burns of entire body — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY Home
21c. (City or town) Clinton - (County) Pr. Geo - (State) Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 10-12-54 11:30 A M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? Conflagration due to auto plane crash

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒ Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10-12-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Oct. 14 54
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. 10/12/54
REGISTRAR'S SIGNATURE Amanda Looney
Carrie F. Campbell
24. FUNERAL DIRECTOR Simmons Bro.
ADDRESS 1661 Good Hope Rd SE Washington, D.C.

VS. A15A - 5 - 53

MARYLAND

09697

STATE DEPARTMENT OF HEALTH

09722

CERTIFICATE OF DEATH

Reg. Dist. No. 9-H-5

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale | LENGTH OF STAY (In this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn Heights
STREET ADDRESS (If rural, give location) 5808 Ruatan St.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Milton (Last) Wade
4. DATE OF DEATH: (Month) 10 (Day) 22 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]
8. DATE OF BIRTH: Dec. 24 1922
9. AGE last birthday: 32 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Lowell, Mass.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Donald Wade
14. MOTHER'S MAIDEN NAME: Louise Milton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Father Same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Multiple Sclerosis — Interval between onset and death: 2 yrs
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mentally Deficient Congenital

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 11, 1954, to Oct 22, 1954, that I last saw the deceased alive on Oct 21, 1954, and that death occurred at 1:15 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Leo Mulin MD ADDRESS Riverdale, Md DATE SIGNED 10-23-54

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial | DATE 10/25/54 | NAME OF CEMETERY OR CREMATORY Fort Lincoln | LOCATION (City, town or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REG. Oct. 25 1954 | REGISTRAR'S SIGNATURE Mrs. Jas. Revere Duty Local Reg.

24. FUNERAL DIRECTOR: F. Eugene Sons Hyattsville | ADDRESS Md

MARGIN RESERVED FOR BINDING

09646 — 9723

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 — Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH — No. 245

1. PLACE OF DEATH:
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
LENGTH OF STAY (In this place): 2 1/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3815 Oglethorpe St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): 3815 Oglethorpe St

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday: yrs.	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Walter Milton Wagner	10 - 8 - 1954	Male	White	Married	11-11-18	35		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
attendant	Retail gasoline	Maryland	U.S.A.

13. FATHER'S NAME: Charles A. Wagner.

14. MOTHER'S MAIDEN NAME: Alice MacManus.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes W.W. II	579-10-3530	Wife - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Hemorrhage & shock — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Gunshot wound of chest. — DUE TO — (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
	Home	Hyattsville -	Pr. Geo -	Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
10-8-54 6.30 P.M.		Self inflicted shot gun wound.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE: John D. Maloney (Hyattsville, Md) — M. D. — CHIEF MEDICAL EXAMINER ☐ / DEPUTY MEDICAL EXAMINER ☒ / ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED: 10-8-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10/12/54	Arlington National Cemetery	Arlington	Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 11 1954	Mrs. Jas. Beverett	Gaseka sons	Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

09698 09724

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 239

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel | LENGTH OF STAY (In this place) 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 911-Phillips Powers Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 91 Phillips Powers Drive

3. NAME OF DECEASED: (First) (Middle) (Last) Marrain Elizabeth Walker
4. DATE OF DEATH (Month) (Day) (Year) 10-24-1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH: 2-23-22 | 9. AGE Last birthday: 32 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): House-wife | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): New York State | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LaVerne Randall | 14. MOTHER'S MAIDEN NAME: Maitie A. Fenn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No | 16. SOCIAL SECURITY NO.: 091-14-6115 | 17. INFORMANT & ADDRESS: Wreford D. Walker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) DUE TO: Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO: Shot gun wound of head

(c) neck

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home | 21c. (City or town) Laurel (County) Pr. Geo. (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-24-54 10:30 P.M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☒ | 21f. HOW DID INJURY OCCUR? Self inflicted gun shot wound

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md.) M. D. | CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ | DATE SIGNED 10-25-54

23. BURIAL, CREMATION, REMOVAL (Specify) Transportation | DATE THEREOF 10/25/54 | NAME OF CEMETERY OR CREMATORY Greenmount Cemetery | LOCATION (City, town, or county) Lansdale (State) N.J.

DATE REC'D BY LOCAL REG. 10/25/54 | REGISTRAR'S SIGNATURE Amanda Spurrey | 24. FUNERAL DIRECTOR F. Bosche Sons | ADDRESS Hyattsville Md

10-30-54 M. Bosche

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09725

09699 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Pr. Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr Geo Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY ~~Pr Geo~~ Chas.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Byantown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Washington

4. DATE OF DEATH. (Month) Oct (Day) 25 (Year) 1954

5. SEX: M

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: May 8 1954

9. AGE last birthday yrs. IF UNDER 1 YEAR Months 7 Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Prince Geo Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Washington

14. MOTHER'S MAIDEN NAME: Alice Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Alice Washington

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Dehydration & Acidosis

ANTECEDENT CAUSE (S) DUE TO Diarrhea

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/4 1954, to 10/24, 1954, that I last saw the deceased alive on 10/24, 1954 and that death occurred at 4:30 A M, from the causes and on the date stated above.

SIGNATURE John W. Perkins ADDRESS M.D. 5301 Hamilton St. Hyattsville Md DATE SIGNED 10/25/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 10/26/54

NAME OF CEMETERY OR CREMATORY St Mary's

LOCATION (City, town, or county) (State) Byantown Md

DATE REC'D BY LOCAL REGISTRAR 10/29/54

REGISTRAR'S SIGNATURE Amanda Downey asst

24. FUNERAL DIRECTOR Hunt & Rizor ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

09731

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09726

CERTIFICATE OF DEATH

Reg. Dist. No. 142

Item 8, FilmG172 11-1-54 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fairmont Heights
STATE: MARYLAND
LENGTH OF STAY (in this place): 35 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 703-60th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md.
COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fairmont Hgts.
STREET ADDRESS (If rural, give location): 703-60 th Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Clements	West	10	22	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Married	Aug 15, 1884	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Cement Finisher	Construction	Upper Marlboro	U.S.A.

13. FATHER'S NAME: James Arthur West

14. MOTHER'S MAIDEN NAME: Ida Anna Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	577-12-7480	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Heart Disease — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

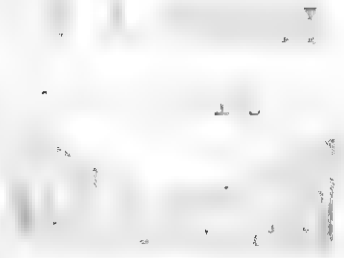
22. I hereby certify that I attended the deceased from June, 1952 to Oct. 22, 1954, that I last saw the deceased alive on Oct 22, 1954, and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE: John W. Rout (Degree or title) M. D. ADDRESS: 330-61st St. NE Wash. 19, DC. DATE SIGNED: 10/22/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	10-22-54		Wash. D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 22-54	Carrie F. Campbell	McGuire Funeral Service	1820-9th St. NW

VS. A15



09727

MARYLAND 09700

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale
LENGTH OF STAY (in this place): 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Leland Memorial
MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md
COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lanham Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Martin (Middle) Calhoun (Last) White

4. DATE OF DEATH: (Month) 10 (Day) 6 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-24-1901

9. AGE last birthday: 53 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Milling

11. BIRTHPLACE (State or foreign country): Washington D.C

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Calhoun White

14. MOTHER'S MAIDEN NAME: Annie Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): WW I

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Pls hospital chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval between onset and death: 2 weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Congestive Heart failure — 6 mos.

(c) Arteriosclerotic Heart Dis — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 25, 1954, to Oct 6, 1954 that I last saw the deceased alive on Oct 5, 1954 and that death occurred at 4:40 m., from the causes and on the date stated above.

SIGNATURE: L W Nalen (Degree or title) MD ADDRESS: Riverdale, Md DATE SIGNED: 10-7-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Oct 8. 1954

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington Va

DATE REC'D BY LOCAL REG.: 10-7-54

REGISTRAR'S SIGNATURE: Mrs. Jas. Bowers Asst Reg

24. FUNERAL DIRECTOR: F Gaudi Sons

ADDRESS: Hyattsville, Md

1954
BUREAU

09732 09729

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 141

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Fairmont Heights
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1010 - 62nd Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr. Geo -
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Fairmont Heights
STREET ADDRESS (If rural, give location) 1010 - 62nd Place

3. NAME OF DECEASED: (First) Brenda (Middle) Marie (Last) Williams
4. DATE OF DEATH: (Month) (Day) (Year) 10 - 26 - 1954
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 16, 1954
9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months 4 Days | IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Alex Williams
14. MOTHER'S MAIDEN NAME: Edith Cook
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Edith Cook - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive heart failure
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Broncho Pneumonia
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Congenital Heart disease

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 10-26-54

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 10-28-54 NAME OF CEMETERY OR CREMATORY Paynes Cemetery LOCATION (City, town, or county) (State) Benning Rd Wash. D.C.

DATE REC'D BY LOCAL REG. 10-26-54 REGISTRAR'S SIGNATURE Amanda Downey Carrie F. Campbell
24. FUNERAL DIRECTOR Henry S. Washington & Sons ADDRESS 467 N of NW Wash. D.C.

VS. A15A - 5 - 53

09647 (9730)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6409 Queen Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Washington COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 332 Easton Pl. N.E.

3. NAME OF DECEASED (Type or Print) (First) Deborah (Middle) (Last) Williams

4. DATE OF DEATH (Month) 10 (Day) 17 (Year) 1954

5. SEX F

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH July 5, 1954

9. AGE last birthday yrs. If under 1 year Months 3 Days 12 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Walter Reed Hosp Wash D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Pvt. Arthur Williams

14. MOTHER'S MAIDEN NAME Jean "Rogers" Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. —

17. INFORMANT Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral palsy — Interval between onset and death: birth

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Respiratory paralysis — birth

(c) Suffocation in bassinet — 1 hr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 7, 1954, to Oct 12, 1954, that I last saw the deceased alive on Oct 12, 1954, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas A. Christensen Jr MD ADDRESS College Park Md DATE SIGNED 10/17/54

BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 10-21-54

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REG. 10-17-54

REGISTRAR'S SIGNATURE Amanda Gilcrease

23. FUNERAL DIRECTOR Mahoney and Darby ADDRESS 424 R. St. N.W. Washington D.C.

10-22-54

VS. A15

09701 09731

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly | LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr. Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Lakeland
STREET ADDRESS (If rural, give location) 5112 - Navahoe St.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Bertram (Last) Williams
4. DATE OF DEATH (Month) 10 (Day) 18 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 3-6-1888
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Md
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Wife - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

Immediate cause (a) Hemorrhage & shock
DUE TO
Antecedent cause(s) Diseases or conditions, If any, giving rise to the above cause stating underlying cause last (b) Laceration of brain
DUE TO
(c) Compound, comminuted fracture of skull

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY House
21c. (City or town) Lakeland (County) Pr. Geo. (State) Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 10-18-54 5 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Fall down stairs

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10-18-54

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 10/19/54 NAME OF CEMETERY OR CREMATORY Washington Funeral Home LOCATION (City, town, or county) Washington (State) D.C.
DATE REC'D BY LOCAL REG. 10/19/54 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Henry S. Washington & Sons ADDRESS 467 N St. NW Wash. DC.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

Item 18 Film G175 1-14-55 ams

09732

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09733 CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fairmont Park — LENGTH OF STAY (in this place): 14 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5501 - Reed St. N.E.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fairmont Park
STREET ADDRESS (If rural, give location): 5501 - Reed St. N.E.

3. NAME OF DECEASED (Type or Print): (First) VIVIAN (Middle) Sarah (Last) Willis

4. DATE OF DEATH: (Month) October (Day) 31 (Year) 1954

5. SEX: F

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Feb 7, 1929

9. AGE last birthday: 25 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pittsburg Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Vivert A. Willis

14. MOTHER'S MAIDEN NAME: Mary E. Thornton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Mary E. Willis, mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Rheumatic Heart Disease — Interval Between Onset and Death: 19 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Rheumatic Fever, very active at time of death — 19 yrs
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — ?

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 11, 1953, to Oct 31, 1954, that I last saw the deceased alive on Oct 31, 1954, and that death occurred at 6:25 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): H. C. Weldon, M.D. — ADDRESS: 4423 Hunt Pl. N.E. Washington, D.C. — DATE SIGNED: 10-31-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	11-9-54	Lincoln Mem.	Suitland Pa. Geo.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
Nov 1-1954	Carrie F. Campbell.	Myrtle L. Rollins 1339 Hunt Pl. N.E.

09733

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09648

CERTIFICATE OF DEATH

Reg. Dist. No. 2145

1. PLACE OF DEATH.
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 712-Rittenhouse St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 712-Rittenhouse St.

3. NAME OF DECEASED: (Type or Print) (First) JEANNETT (Middle) P (Last) WoLfe

4. DATE OF DEATH: (Month) Oct (Day) 11 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: Oct 21-1876 | 9. AGE last birthday: 77 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Washington, D.C | 12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Robert Padgett | 14. MOTHER'S MAIDEN NAME: Mary Ellen Berkely

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No | (If Yes, give war or dates of service): | 16. SOCIAL SECURITY NO.: NO | 17. INFORMANT'S ADDRESS: Mrs Helen W. Erwin 712-Rittenhouse

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSE (B) DUE TO Generalized Arteriosclerosis — 10 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arthritis deformans — 15 yrs

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 1942 to Oct 11, 1954 that I last saw the deceased alive on Oct 11, 1954, and that death occurred at 11:23 P.M., from the causes and on the date stated above.
SIGNATURE Rhoell Armstrong M.D. ADDRESS 4201 New Hampshire Ave. DATE SIGNED 10/11/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: Oct 13-1954 | NAME OF CEMETERY OR CREMATORY: Congressional | LOCATION (City, town, or county) (State): Washington D.C

DATE REC'D BY LOCAL REGISTRAR: Oct 11 1954 | REGISTRAR'S SIGNATURE: James Percy | 24. FUNERAL DIRECTOR: Dan Lee Sons | ADDRESS: 3214 8th St NE Wash. D.C

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

RECEIVED
OCT 13 1 .4
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09734

09702 CERTIFICATE OF DEATH Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 38
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Geo. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY P. G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Rainier
STREET ADDRESS (If rural give location) 4802 Russell Ave.

3. NAME OF DECEASED: (Type or Print) (First) Robin (Middle) Kay (Last) Wright

4. DATE OF DEATH: (Month) Oct. (Day) 5 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: Sept. 29 1954
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 6 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jimmie E. Wright.
14. MOTHER'S MAIDEN NAME: Marilyn Rich.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

770.5
IMMEDIATE CAUSE (A) Atelectasis
DUE TO
ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Prematurity
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/29, 1954, to 10/5, 1954, that I last saw the deceased alive on 10/5, 1954, and that death occurred at 7:05 A M, from the causes and on the date stated above.
SIGNATURE John W. Perkins
M. D. ADDRESS 5301 Hamilton St., Hyattsville Md
DATE SIGNED 10/5/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/6/54
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 10/6/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR ADDRESS 2901 14th St. N.W. S. H. Hines Co. Washington, D.C.

20941812

RECEIVED
OCT 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09703

CERTIFICATE OF DEATH

Reg. Dist. No. 11861

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cottage City
STREET ADDRESS (If rural, give location) 3703 Cottage Terrace

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) (NMN) (Last) XANDER

4. DATE OF DEATH: (Month) October (Day) 27th, 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 5th, 1856

9. AGE last birthday: 98 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bar Owner Retired

10b. KIND OF BUSINESS OR INDUSTRY: Self-employed

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Xander

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Minnie L. Young, 3701 Cottage Terr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

196X

Immediate cause — (a) Arteriosclerotic Heart & Kidney Disease — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Senile.

DUE TO

(c) Cancer of Lumbosacral area left. 18 mos.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1-, 1942, to Oct 27, 1954, that I last saw the deceased alive on Oct 27, 1954, and that death occurred at 1.50 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Gerald Magrath md 3717-38th Ave Cottage City Md Oct 27-54.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Oct. 30/1954

NAME OF CEMETERY OR CREMATORY: Prospect Hill Cem.

LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. 12/1/54

REGISTRAR'S SIGNATURE: A. W. Kedrick

24. FUNERAL DIRECTOR ADDRESS: W.W. Chambers Co. 517--11th St. S.E. Washington, D.C.

mnt.